

OFFICE USE ONLY
 Log No. 43256
 Permit No. _____
 Basin 9-103

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 22804

1. OWNER RON FLAHERTY ADDRESS AT WELL LOCATION 87 WELLINGTON CUT OFF
 MAILING ADDRESS 87 WELLINGTON CUT OFF WELLINGTON CUT OFF NV 89444
 2. LOCATION NW 1/4 SE 1/4 Sec 12 T. 10 N/S R. 23 LYNN County
 PERMIT NO. 1071206 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>BOULDERS IN SANDY CLAY</u>		<u>0</u>	<u>75</u>	
<u>SANDY CLAY</u>		<u>75</u>	<u>81</u>	
<u>BOULDERS IN SANDY CLAY</u>		<u>81</u>	<u>85</u>	
<u>LARGE GRAVEL SOME CLAY</u>		<u>85</u>	<u>100</u>	
<u>GRAVEL IN SANDY CLAY</u>	<u>YES</u>	<u>100</u>	<u>122</u>	
<u>SMALL GRAVEL IN SANDY CLAY</u>	<u>YES</u>	<u>122</u>	<u>200</u>	

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
9 7/8 Inches 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>189</u>	<u>0</u>	<u>200</u>

Perforations:
 Type perforation FACTORY
 Size perforation 3/32
 From 180 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 200 feet

9. WATER LEVEL
 Static water level 130 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature WARM F Quality FAIR

Date started 12 9 1993
 Date completed 12 12 1993

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>	<u>NA</u>	<u>3 1/2</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ED MILLER Contractor
 Address PO BOX 92 Contractor
SMITH NV 89430
 Nevada contractor's license number issued by the State Contractor's Board 32166
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 7187
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12 13 93