

OFFICE USE ONLY
 Log No. 43204
 Permit No. _____
 Basin 10-153

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. 22030

1. OWNER ALPINE INC ADDRESS AT WELL LOCATION County Express Fed # 1-3
 MAILING ADDRESS 1616 East 17th # 301
Edmond, OK 73013
 2. LOCATION S 1/4 S 2 1/4 Sec. 3 T. 23 N/S R. 53 E 2 Well 9 County _____
 PERMIT NO. CG 145 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>Top soil</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Clay sand</u>		<u>2</u>	<u>73</u>	<u>71</u>
<u>Subs clay</u>	<u>+</u>	<u>73</u>	<u>103</u>	<u>30</u>
<u>clay</u>		<u>103</u>	<u>157</u>	<u>54</u>
<u>sand clay</u>	<u>+</u>	<u>157</u>	<u>201</u>	<u>44</u>
<u>clay</u>		<u>201</u>	<u>205</u>	<u>4</u>

8. WELL CONSTRUCTION
 Depth Drilled 205 Feet Depth Cased 205 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 205 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>1.55</u>	<u>0</u>	<u>205</u>

Perforations:
 Type perforation Factory
 Size perforation _____
 From 80 feet to 100 ft feet
 From 100 feet to 135 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 5 ft
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 205 feet

9. WATER LEVEL
 Static water level 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started May 23 1973
 Date completed May 23 1973

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)			
	<u>80</u>	<u>70 ft</u>	<u>2 Hrs</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name PRP Drilling Contractor
 Address 181-14 West Bullion Contractor
8100 NV
 Nevada contractor's license number issued by the State Contractor's Board 0020684
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1158
 Signed Shir Bennett
 By driller performing actual drilling on site or contractor
 Date May 23 1973