

OFFICE USE ONLY
 Log No. 44263
 Permit No. _____
 Basin 7-24

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 17315

1. OWNER Michael B Stewart ADDRESS AT WELL LOCATION Orient Farms
 MAILING ADDRESS P.O. Box 40
Empire, Nev. 89408
 2. LOCATION N 1/4 SW 1/4 Sec. 1 T. 35 N/S R. 23 E. Ubshee County
 PERMIT NO. 23493 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other Replace

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Brown Sandy Gravel</u>		<u>0</u>	<u>150</u>	<u>150</u>
<u>Brown Gravelly SAND</u>	<input checked="" type="checkbox"/>	<u>150</u>	<u>220</u>	<u>70</u>
<u>Brown Sandy Gravel</u>	<input checked="" type="checkbox"/>	<u>220</u>	<u>250</u>	<u>30</u>
<u>Brown Clayey Coarse gravel</u>	<input checked="" type="checkbox"/>	<u>250</u>	<u>375</u>	<u>125</u>
<u>Brown Gray coarse sand</u>	<input checked="" type="checkbox"/>	<u>375</u>	<u>425</u>	<u>50</u>
<u>gray gravelly coarse sand</u>	<input checked="" type="checkbox"/>	<u>425</u>	<u>455</u>	<u>30</u>
<u>TAN-gray clayey coarse sand</u>	<input checked="" type="checkbox"/>	<u>455</u>	<u>460</u>	<u>5</u>
<u>gray gravelly coarse sand</u>	<input checked="" type="checkbox"/>	<u>460</u>	<u>505</u>	<u>45</u>
<u>Brown Clayey Coarse sand</u>	<input checked="" type="checkbox"/>	<u>505</u>	<u>525</u>	<u>20</u>
<u>Lost Circulation</u>		<u>525</u>	<u>540</u>	
<u>Drilled smooth SAND?</u>				
<u>Real Hard 540 BASALT?</u>				

8. WELL CONSTRUCTION
 Diameter 20 inches Total depth 540 feet
 _____ inches
 _____ inches
 Casing record 14"
 Weight per foot _____ Thickness 250
 Diameter From To
14 inches 0 feet 540 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Concrete
 Depth of seal 50 ft. feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 540 feet
 Perforations:
 Type perforation Standard Loper
 Size perforation 1/8
 From 160 feet to 540 feet
 From _____ feet to _____ feet

Date started 3-12 1994
 Date completed 3-28 1994

9. WATER LEVEL
 Static water level 153 feet below land surface
 Flow ~~_____~~ G.P.M. ~~_____~~ S.I.
 Water temperature 69 °F Quality Good

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>1700</u>	<u>900</u>	<u>132</u>	<u>12</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name SAN EMIDIO Resources Contractor
 Address P.O. Box 40 Empire, Nev. 89408 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0018103 C-23
 Nevada contractor's driller's number issued by the Division of Water Resources _____
 Nevada driller's license number issued by the Division of Water Resources, the on site driller 1558
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 4-13-94

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours