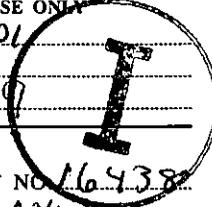


OFFICE USE ONLY
 Log No. 55001
 Permit No. _____
 Basin 170



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. 16438

1. OWNER Tony Zamora ADDRESS AT WELL LOCATION 1 mile N/W Hercules gap in Smith Valley Ely Nev 89301
 MAILING ADDRESS HC 32 Ely Nev 89301
 2. LOCATION N/W 1/4 S/W 1/4 Sec. 9 T. 17 N. R. 63 E. White Pine County
 PERMIT NO. _____ 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
Top soil		0	6	6
Cemented gravel		6	25	19
clay		25	47	22
clay - sand		47	60	13
gravel - Boulders		60	88	28
Hard rock		88	90	2

TD 90'

8. WELL CONSTRUCTION
 Depth Drilled 90 Feet Depth Cased 90 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 90 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 5/8</u>	<u>0</u>	<u>.188</u>	<u>0</u>	<u>90</u>

Perforations:
 Type perforation torch cut
 Size perforation 18" x 6"
 From 60 feet to 90 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 90 feet

9. WATER LEVEL
 Static water level 17 feet below land surface
 Artesian flow 0 G.P.M. 0 P.S.I.
 Water temperature cold °F Quality good

Date started 8-23-96, 19____
 Date completed 8-24-90, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>35</u>		<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Davis Drilling Contractor
 Address P.O. Box 54 Contractor
Hiko Nev 89017
 Nevada contractor's license number issued by the State Contractor's Board 0028966
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191
 Signed Mike O Davis
 By driller performing actual drilling on site or contractor
 Date _____

RECEIVED
 96 SEP -6 PM 3:08
 STATE ENGINEERS OFFICE