

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. 28389

1. OWNER Bill Wamsley ADDRESS AT WELL LOCATION Block 10 - lot 4
 MAILING ADDRESS PO Box 6446
Elko NV 89802

2. LOCATION NW 1/4 SW 1/4 Sec. 31 T. 36 N/S R. 57 E County Elko
 PERMIT NO. 12-CIS-04-7 Humboldt R.R. #1 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
foam		0	15	15
Gravel		15	17	4
CLAY		19	48	29
SANDSTONE		48	83	35
CLAY		83	91	8
SANDSTONE		91	104	13
LOSE SANDSTONE	X	104	120	16

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 120 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>12.92</u>	<u>1.88</u>	<u>4</u>	<u>120</u>

Perforations:
 Type perforation Slots
 Size perforation 3/16 x 3"
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From 50 feet to 120 feet

9. WATER LEVEL
 Static water level 18 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fertig Drilling Co Contractor
 Address PO Box 525 Contractor
Elko NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 31904
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 1584 T1
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 9/11/96

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Open</u>	<u>45</u>		<u>1</u>

Date started 9 12 1996
 Date completed 9 11 1996

RECEIVED
 96 SEP 23 AM 11:46
 STATE ENGINEERS OFFICE