

OFFICE USE ONLY
 Log No. 73712
 Permit No. _____
 Basin. 191
 NOTICE OF INTENT NO. 36551

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

1. OWNER JOSE LEVA ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 2303 Block C, Lot 2
INDENOVER, NV 89883
 2. LOCATION NW 1/4 NW 12 T 37 R 69 E EIKO County _____
 PERMIT NO. 011-115-002 Subdivision Name JLS RANCHES
 Issued by Water Resources Parcel No. _____

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 ROD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	4	4
BOULDERS		4	72	68
BROWN CLAY		72	109	37
SAND & GRAVEL	X	109	118	9
CLAY		118	130	12
SAND & GRAVEL	X	130	147	17
CLAY		147	152	5

8. WELL CONSTRUCTION
 Depth Drilled 152 Feet Depth Cased 152 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 152 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>12.92</u>	<u>188</u>	<u>72</u>	<u>152</u>

Perforations:
 Type perforation MILL SLOT
 Size perforation 3/16 X 3"
 From 132 feet to 152 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 51
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 51 feet to 152 feet

9. WATER LEVEL
 Static water level 68 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 Contractor
 Address P.O. Box 525 Contractor
EIKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 0031904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shovel C. Fertig
 By driller performing actual drilling on site or contractor
 Date 7-1-98

Date started 6-15, 1998
 Date completed 6-16, 1998

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>APPROX</u>	<u>60</u>		<u>3.5</u>

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