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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. 29584

1. OWNER D. Bevan Lister ADDRESS AT WELL LOCATION NW 1/4 NW 1/4 Sec 22 T2N R67E
 MAILING ADDRESS P.O. Box 124
Pioche, NV 89043
 2. LOCATION NW 1/4 NW 1/4 Sec 22 T. 2 N. R. 67 E. Lincoln 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
White clay w/ topsoil		0	25'	25
Brown clay w/ sand		25	32	7
Gravel		32	33	1
Brown clay w/ sand stringers		33	57	24
Sand and gravel		57	60	3
Clay w/ sand		60	123	63
Gravel		123	125	2
Brown Clay w/ sand		125	148	23
White Clay		148	155	7

8. WELL CONSTRUCTION
 Depth Drilled 155 Feet Depth Cased 157 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 155 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8"		.188	0	157

Perforations:
 Type perforation Torch
 Size perforation 1/8" X 10"
 From 60 feet to 155 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 155 feet

9. WATER LEVEL
 Static water level 53 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name 8 Mile Drilling
 Address Pioche, NV 89043

Nevada contractor's license number issued by the State Contractor's Board 0029502
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1441
 Signed Wayne Lister
 By driller performing actual drilling on site or contractor
 Date 3-1-99

Date started January 25, 1999
 Date completed February 20, 1999

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20</u>	<u>0</u>	

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