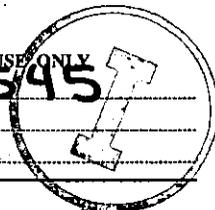


Log No. **76545**
 Permit No. _____
 Basin. _____



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. **21025**

1. OWNER **Robert Mathews** ADDRESS AT WELL LOCATION **Panaca, NV.**
 MAILING ADDRESS **Box 328**
Panaca, Nev. 89042
 2. LOCATION **SE 1/4 NE 1/4 Sec. 32 T. 1 N. 168 E. Lincoln County**
 PERMIT NO. **16912** Issued by Water Resources Parcel No. **12-040-03** 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	Thickness
Clay		0	2	2
Clay & Silt		2	18	16
Silt & Sand		18	27	9
Gravel & Rock	42-70	27	70	43
Clay		70	81	11

8. WELL CONSTRUCTION
 Depth Drilled **81** Feet Depth Cased **81** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **81** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

9. CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42	.250	0	81

Perforations:
 Type perforation **Mill**
 Size perforation **5/32 x 2.5** **16 Row**
 From **50** feet to **81** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50'** Neat Cement
 Placement Method: Pumped **byrds.** Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **81** feet

9. WATER LEVEL
 Static water level **42** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cold** °F Quality **good**

Date started **July 16, 1999**
 Date completed **July 30, 1999**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
Ineshaft	600	10'	24 hrs.

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Dale Gardner** Contractor
 Address **P.O. Box 610** Contractor
Enterprise, UT. 84725
 Nevada contractor's license number issued by the State Contractor's Board **0031759**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1710**
 Signed **Dale Gardner**
 By driller performing actual drilling on site or contractor
 Date **8/3/99**



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