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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. 35558

1. OWNER Nick Ayers ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1331 Clydesdale RD Claytonville Rd
Butte MTN NV Butte MTN Rd
 2. LOCATION NE 1/4 S 21 1/4 Sec 21 T 32 N/S R 45 E Lander County _____
 PERMIT NO. 11-100-01 Issued by Water Resources Parcel No. _____ Subdivision Name Mule Shoe Area

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
<u>Sand & Clay</u>	<u>No</u>	<u>0</u>	<u>2</u>	<u>2</u>
<u>Pea Gravel & Sand</u>	<u>No</u>	<u>2</u>	<u>35</u>	<u>33</u>
<u>Clay & fine gravel</u>	<u>No</u>	<u>35</u>	<u>90</u>	<u>55</u>
<u>Blue Clay</u>	<u>No</u>	<u>90</u>	<u>145</u>	<u>55</u>
<u>Clay & pea gravel</u>	<u>Yes</u>	<u>145</u>	<u>200</u>	<u>55</u>

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/4 Inches To 2 1/2 Feet
 _____ Inches _____ Feet _____ 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 3/8</u>	<u>115/Ft</u>		<u>0</u>	<u>20</u>
<u>6 7/8</u>		<u>Schedule 40</u>	<u>20</u>	<u>200</u>

Perforations:
 Type perforation SKILL SAW
 Size perforation 4 X 1/8 X 30 FT. 14 X 6 FT.
 From 180 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Bentonite Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 30 feet to 200 feet

9. WATER LEVEL
 Static water level 17 feet below land surface
 Artesian flow NA G.P.M. _____ P.S.I. _____
 Water temperature Cold °F Quality Good

Date started Jan 2000, 19 _____
 Date completed Jan 2000, 19 _____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>60+</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name P.B.J. Drilling Co. Contractor
 Address P.O. Box 902 Contractor
Wmca NV 89446
 Nevada contractor's license number 9605
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1807
 Division of Water Resources the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-31-99