

OFFICE USE ONLY
 Log No. 82777
 Permit No. 107
 Basin 1
 NOTICE OF INTENT NO. 45903

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 Tracey + Glen Fannin ADDRESS AT WELL LOCATION 521
 MAILING ADDRESS 23 Grandview Lower Colony
Wellington, NV 89444 Wellington NV 89444
 2. LOCATION NW 1/4 NE 1/4 Sec. 10 T 11 S R 23 E LYON County
 PERMIT NO. N/A 10-193-14 n/a 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
Brown silt Sand		0	8	8
Sand Gravel		8	25	17
Brown clay Sand		25	70	50
Brown clay		70	95	25
Sand Gravel		95	100	5
Brown clay Sand		100	130	30
Brown clay		130	136	6
Sandy Brown clay		136	134	18
Sand + Gravel	✓	154	195	41
Gray clay + Sand		195	200	5

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 200 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 3/4</u>		<u>.188</u>	<u>12</u>	<u>160</u>
<u>6 3/8</u>		<u>.188</u>	<u>180</u>	<u>200</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3/32
 From 160 feet to 180 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 200 feet

9. WATER LEVEL
 Static water level 51 feet below land surface
 Artesian flow No G.P.M. _____ P.S.I. _____
 Water temperature Cold °F Quality Good

Date started April 24, 2001
 Date completed April 26, 2001

7. WELL TEST DATA

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>50</u>		<u>2 HRS.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Thomas Evans
 Address DAYTON, NV 89403
P.O. BOX 2227
NEVADA PUMP & DRILLING
 Nevada contractor's license number issued by the State Contractor's Board 0046357
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2187
 Signed Thomas Evans
 By driller performing actual drilling on site or contractor
 Date April 26, 2001