

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 89218
 Permit No. 19406
 Basin 057

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **50168**

1. OWNER **Dennis M Jamason**
 MAILING ADDRESS **HC 61 box 180**
Battle Mountain, NV 89820

ADDRESS AT WELL LOCATION **Antelope Valley, NV**
89820

2. LOCATION SE 1/4 NW 1/4 Sec. 30 T 25N
 PERMIT NO. 19406 Issued by Water Resources
007-520-06 Parcel No.

N/S R 41E E Lander County
 Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Deepen
 Abandon
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

8. WELL CONSTRUCTION

Material	Water Strata	From	To	Thick-ness
Top Soil		0	3	3
Clay		3	15	12
Sand & Gravel		15	24	9
Clay		24	40	16
Gravel		40	55	15
Clay		55	61	6
Gravel		61	82	21
Clay		82	90	8
Gravel	XX	90	98	8
Clay		98	115	17
Gravel	XX	115	125	10
Clay		125	170	45
Gravel	XX	170	179	9
Clay		179	186	7
Gravel	XX	186	192	6
Gravel	XX	192	225	33
Clay		225	233	8
Clay		233	278	45
Gravel	XX	278	287	9
Clay		287	305	18
Gravel	XX	305	314	9
Clay		314	345	31

Depth Drilled 345 Feet Depth Cased 345 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>30</u>	<u>0</u>	<u>50</u>		
<u>24</u>	<u>50</u>	<u>345</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>30</u>	<u>20.75</u>	<u>.65</u>	<u>0</u>	<u>50</u>
<u>16</u>	<u>42.02</u>	<u>.250</u>	<u>0</u>	<u>345</u>

Perforations:
 Type perforation **Mill Cut**
 Size perforation 1/4
 From 110 feet to 345 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 50
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 345 feet

9. WATER LEVEL
 Static water level 88 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Parsons Drilling, Inc.** Contractor
 Address **P.O. Box 1265** Contractor
Fallon, NV. 89407-1265
 Nevada contractor's license number issued by the State Contractor's Board **29064**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1753**
 Signed W. Parsons
 By driller performing actual drilling on-site or contractor
 Date **02/19/2003**

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	<u>1800</u>	<u>12</u>	<u>3hr</u>
<u>Customer tested well himself</u>			