

PRINT OR TYPE ONLY
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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. 46116

1. OWNER M. Klein Enterprise ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 789 Dayton NV 89403

2. LOCATION NW 1/4 SE 1/4 Sec. 23 T. 16 N/S R. 21 E Lyon 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 seize

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill material		0	5'	5
Gravel		5'	7'	2
Silty clay		7'	12'	5
coarse wet gravel		12'	20'	8
sandy & silty fines				

8. WELL CONSTRUCTION
 Depth Drilled 20' Feet Depth Cased 20' Feet

HOLE DIAMETER (BIT SIZE)
 From To
8" Inches 0 Feet 20' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	sch 40	4.1mm	0	20

Perforations:
 Type perforation Factory
 Size perforation 0.20
 From 10' feet to 20' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 8 feet to 20' feet

9. ~~WATER~~ WATER LEVEL
 Static water level ~ 11' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Boart Longyear Contractor
 Address 32 Shakes Dr Dayton NV 89403 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0021976
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2168
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6/24/02

Date started 6/24/02, 20____
 Date completed 6/24/02, 20____

7. WELL TEST DATA

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

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 DIVISION OF WATER RESOURCES