

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. 52827

1. OWNER Ray E Moser ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 1444
McCall, NV 89318
 2. LOCATION SW 1/4 SE 1/4 Sec. 30 T 21 N/S R 64 E White Pine County _____
 PERMIT NO. 008-490-20 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		1	3	
Sand, coarse				
Some clay layer		3	18	
Coarse, cobbles		18	26	
Clay		26	34	
Coarse Sand		34	123	
Clay		123	128	
Coarse, Sand		128	160	

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From To.
10 5/8 Inches 1 Feet 60 Feet
8 3/4 Inches 60 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>1.88</u>	<u>Steel</u>	<u>1</u>	<u>20</u>
<u>6 5/8</u>	<u>PRC</u>	<u>SH 40</u>	<u>20</u>	<u>160</u>

Perforations:
 Type perforation 3/16 x 4 x 7 nono perf
 Size perforation Machine
 From 120 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 60
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 60 feet to 160 feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature C °F Quality Good

Date started 11/16/06, 20____
 Date completed 11/16/06, 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 checked="" type="checkbox"/> Air Lift	<u>100</u>		<u>3 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 Dean Drilling Inc Contractor
 Address PO Box 599 Contractor
S.S. NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed _____ By driller performing actual drilling on site or contractor
 Date _____