

Log No. 102963
Permit No. _____
Basin 109



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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. 58118

1. OWNER Gayla Perley ADDRESS AT WELL LOCATION 1715 Cougar SILVER SPRINGS, NV
MAILING ADDRESS _____
2. LOCATION NW 1/4 NE 30 T 12 N/S R. 25 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND		0	18	18
BROWN CLAY-GRAVEL		18	68	50
BROWN STICKY CLAY		68	126	58
MEDIUM-FINE GRAVEL		126	180	54
<u>31714° N</u>				
<u>21722° W NAD83</u>				
<u>N 39.317241</u>				
<u>W 119.216233 NAD27</u>				

8. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 180 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 180
11 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 5/8</u>	<u>14</u>	<u>.188</u>	<u>71</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>20</u>	<u>180</u>

Perforations:
Type perforation GRINDER CUT
Size perforation 1.045" x 4"
From _____ feet to _____ feet
From 150 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 5.6 ft Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 56 feet to 180 feet

9. WATER LEVEL
Static water level 44 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature COLD °F Quality CLEAR

Date started 28 NOV, 2006
Date completed 29 NOV, 2006

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>25+</u>	<u>20:4</u>	<u>1:00</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name _____ Contractor
Address BLAIN DRILLING & PUMP CO. INC.
P.O. BOX 1255
Carson City, NV 89702
Nevada contractor's license number issued by the State Contractor's Board 46498
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
Signed Jack Watson
By driller performing actual drilling on site or contractor
Date 3 DEC 06