

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

Log No. _____
 Permit No. _____
 Basin: **137B**

NOTICE OF INTENT NO. **63615**

1. OWNER **Bill Fattarsi** ADDRESS AT WELL LOCATION **#3 Morris creek**
 MAILING ADDRESS **3510 Stone River Circle** **Road Round Mtn NV 89045**
Stockton Calif. 95219
 2. LOCATION **NW 1/4 SW 1/4 Sec 26 T. 12** **44 E NYE** County
 PERMIT NO. **005-131-02** 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	Thickness
Sand-Boulders		0	110	110
Hard Clay		110	115	5
Sand-Boulders		115	160	45
Hard Rock		160	220	60
Back-filled with sand				
Dry hole Customer plans on trying another location				
N 380 52,143				
W 1170 00,780 W6584				
2009 MAR -9 PM 1:08				
STATE ENGINEER'S OFFICE				
N 36269126				
W 1170 02191 N4027				

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **0** Feet
 HOLE DIAMETER (BIT SIZE)
 From **11** Inches To **0** Feet **220** Feet
 _____ 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)
		0		

 Perforations:
 Type perforation **0**
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **0** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **0** feet to _____ feet

Date started **2-16-09**, 20____
 Date completed **3-5-09**, 20____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	0		

9. WATER LEVEL
 Static water level **0 dry** 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 **Davis Drilling and Pumps** Contractor
 Address **HC 61 Box 54** Contractor
Hiko NV 89017
 Nevada contractor's license number issued by the State Contractor's Board **0028266**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1191**
 Signed **Mike Davis**
 By driller performing actual drilling on site or contractor
 Date **3-7-09**