

CB-1
 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

Log No. _____
 Permit No. _____
 Basin **φ9φ**

NOTICE OF INTENT NO. **65107**

1. OWNER **Tom Baughts on behalf of Chevron** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **P.O. Box 6012** **947 TADPOE BLVD**
SAV Rancho, CAL 94583 **Incline Village, NV.**
 2. LOCATION **NW 1/4 SE 1/4 Sec 15 T 16 N 18 E WASHOE** County
 PERMIT NO. **132-231-10** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **SEVIC**
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other **SEVIC**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	6	6
Sand w/ gravels		6	8	2
Clay		8	10	2
Clayey sand		10	11	1
Clay		11	15	4
Gravelly sand		15	24	9
Clayey sand to Sandy clay	31	24	40	16
39,249,076° N 119,946,083° W NAD 27 (TA)				
Drilled & plugged				

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **φ** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6.5** Inches To **40** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
3.15	0.01	0.01		
		N/A		

Perforations:
 Type perforation **NA**
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **40**
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **31** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality **NA**

Date started **10/23**, 20**09**
 Date completed **10/28**, 20**09**

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Baught Longyear** Contractor
 Address **1333 W. 9th St. UPLAND, CAL. 91786** 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-2405**
 Signed **[Signature]** By driller performing actual drilling on site or contractor
 Date **11/21/09**