

Log No. 14334
Permit No. _____
Basin Mason Valley

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Bob Frye ADDRESS Jerington, Nevada

2. LOCATION SE 1/4 NE 1/4 Sec. 25 T. 24 N. N/S R. 26 E Lyon County
PERMIT NO. _____

3. TYPE OF WORK	New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	4. PROPOSED USE	Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Test <input type="checkbox"/>	5. TYPE WELL	Cable <input type="checkbox"/>	Rotary <input checked="" type="checkbox"/>
	Deepen <input type="checkbox"/>	Other <input type="checkbox"/>		Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>		Other <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Yellow sand & gravel</u>		<u>0</u>	<u>13</u>	<u>13</u>
<u>Red & black sand</u>				
<u>Clay</u>		<u>13</u>	<u>23</u>	<u>60</u>
<u>Hard brownish</u>		<u>60</u>	<u>120</u>	<u>110</u>
<u>rock with sand</u>				
<u>hard & gravel</u>		<u>170</u>	<u>200</u>	<u>32</u>
<u>Sand</u>				

8. WELL CONSTRUCTION

Diameter hole 10 1/2 inches Total depth 202 feet
 Casing record 185
 Weight per foot _____ Thickness 185

Diameter	From	To
<u>6 3/4</u> inches	<u>0</u> feet	<u>202</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to _____ feet

Perforations:
 Type perforation Sawed
 Size perforation 7/32
 From 180 feet to 202 feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 130 Feet below land surface 130
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

Date started April 22, 1993
 Date completed April 26, 1993

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Ogden's Well Drilling
 Address Rt 2 Box 898A
 Nevada contractor's license number 6580
 Nevada driller's license number 634
 Signed Larry Ogden
 Date April 27, 1993