

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Ted Marshall Const ADDRESS 3100 Mall St
11945 Cypress St Spring Valley
 2. LOCATION 1/4 1/4 Sec. 15 T. 2 N/S R. 19 E. County _____
 PERMIT NO. Domestic

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other AIR

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------------------|--------------|------------|------------|------------|
| <u>Sand</u> | | <u>0</u> | <u>25</u> | <u>25</u> |
| <u>DG</u> | | <u>25</u> | <u>35</u> | <u>10</u> |
| <u>GRAVEL & CLAY</u> | | <u>35</u> | <u>70</u> | <u>35</u> |
| <u>GRAVEL</u> | | <u>70</u> | <u>260</u> | <u>190</u> |
| <u>FRAC</u> | | <u>140</u> | <u>260</u> | <u>120</u> |
| <u>260 - 260</u> | <u>X</u> | | | |

8. WELL CONSTRUCTION
 Diameter hole 3 inches Total depth 260 feet
 Casing record 260 of 6 7/8
 Weight per foot _____ Thickness 219
 Diameter From To
6 7/8 inches 0 feet 260 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 260 feet
 Perforations:
 Type perforation Mall slot
 Size perforation 0.010 1 3/4
 From 220 feet to 260 feet
 From _____ feet to _____ feet

Date started Sept 1, 1977
 Date completed Sept 7, 1977

9. WATER LEVEL
 Static water level 220 Feet below land surface
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Burt Drilling Inc.
 Address Box 11324 Reno
 Nevada contractor's license number 6589
 Nevada driller's license number 936
 Signed [Signature]
 Date 9-7-77

BAILER TEST
 G.P.M. 20 Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours