

OFFICE USE ONLY
 Log No. 25300
 Permit No. DOMESTIC
 Basin CARSON V. B-105
 NOTICE OF INTENT NO. 2656

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

1. OWNER Carl Kidman ADDRESS AT WELL LOCATION Near Wallys Hot Springs
 MAILING ADDRESS P.O. 320
Genoa, NV
 2. LOCATION NW 1/4 SE 1/4 Sec. 15 T. 13 N/S R. 19 E Douglas County
 PERMIT NO. _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Broken Rock		0	17	17
Aluvial DG #				
Gravel	X	17	30	13
Soft Brown Clay		30	40	10
Blue Sand	X	40	70	30
Blue Gumbo Clay		70	90	20
Large Gravel	X	90	93	3
Fine Sand #				
Sharp Gravel	X	93	170	77

8. WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 170 feet
 Casing record 0-170
 Weight per foot _____ Thickness 188

Diameter	From	To
<u>12</u> inches	<u>0</u> feet	<u>50</u> feet
<u>8</u> inches	<u>50</u> feet	<u>170</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Cement
 Depth of seal 0-50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Saw Slot
 Size perforation 2 1/2 x 3/32
 From 153 feet to 163 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F. Quality Good

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Contractor
 Address Box 92 Smith, NV Contractor
 Nevada contractor's license number 12272
 Nevada contractor's drillers number 718
 Nevada driller's license number 1226
 Signed Edmund Miller Actual Driller
 Date 4-24-84

Date started 4-19 1984
 Date completed 4-23 1984

7. WELL TEST DATA

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

BAILER TEST
 G.P.M. 30+ Draw down 5 feet 3 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours