

OFFICE USE ONLY

Log No. 25693

Permit No. 097A

Basin 097A

2525 ✓ *06/26/84*
C. Len Mostafatto

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Red Rock Estates, Inc. ADDRESS Red Rock Estates #4
13940 Red Rock Rd.

2. LOCATION NE 1/4 NE 1/4 Sec. # 6 T. 22 N. S. R. 19 E. Washoe County
 PERMIT NO. APN 070-331-054

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
Rock + Dirt		0	10	10
DC		10	200	190
Rock		200	202	2
DC		202	300	98
Rock		300	305	5
DC		305	420	115
DC + Rock water		420	527	107

8. WELL CONSTRUCTION

Diameter hole 12" inches Total depth 527 feet
 Casing record 8 5/8
 Weight per foot 12.89 Thickness 1.88

Diameter	From	To
<u>8 3/4</u> inches	<u>0</u> feet	<u>527</u> feet
_____ inches	_____ feet	_____ 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 70 feet to 527 feet

Perforations:
 Type perforation Factory
 Size perforation 3/32 x 3
 From 720 feet to 500 feet
 From _____ feet to _____ feet

Date started 8/25/84, 1984
 Date completed 8/27/84, 1984

9. WATER LEVEL

Static water level 370 Feet below land surface
 Flow 0 G.P.M. 35-40
 Water temperature Cold ° F. Quality _____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>Blown</u>	<u>35-40</u>	<u>0</u>	<u>5 Hrs.</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. DRILLERS CERTIFICATION

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

Name Sierra Pump & Drilling
 Address Carson City Nev.
 Nevada contractor's license number 0122360
 Nevada driller's license number 1001
 Signed Curtis Bludsworth by Susan Johnson
 Date 8/27/84

BAILER TEST

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