

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 4227

1. OWNER Taylor DeLomasi ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 2180
Fallon, N.V. 89406
 2. LOCATION S.E. 1/4 S.W. 1/4 Sec. 23 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. NONE Lot 2
Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay-Light Brown	0	0	25	25
Clay-Brown	0	25	31	6
Brown-Sand-29pm	15	31	36	5
Clay-Brown	0	36	40	4
Clay-GRAY	0	40	47	7
Clay-Brown	0	47	48	1
Sand-GRAY w/B	12'	48	54	6

8. WELL CONSTRUCTION
 Diameter hole 6.5 inches Total depth 54 feet
 Casing record STEEL 39'-2 1/4"
 Weight per foot _____ Thickness .188

Diameter	From	To
<u>6"</u> inches	<u>1.18"</u> feet	<u>39'-2 1/4"</u> feet
<u>5"</u> inches	<u>1.18"</u> feet	<u>54'</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type NEET CEMENT
 Depth of seal 25 feet
 Gravel packed: Yes No
 Gravel packed from 53 feet to 54 feet
 Perforations:
 Type perforation SCREEN
 Size perforation .020
 From 46 feet to 54 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 12'-11" feet below land surface
 Flow 15 G.P.M. 10 P.S.I.
 Water temperature 51 ° 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 Pattex Drilling Co Contractor
 Address P.O. Box 1815 Fallon Contractor
 Nevada contractor's license number 20161
 Nevada contractor's drillers number 1348
 Nevada driller's license number 1473 Actual Driller
 Signed Jim Pattex Contractor
 Date 5-19-86

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>3450</u>	<u>15</u>	<u>14'</u>	<u>4</u>

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