

WELL DRILLERS REPORT

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 1445

1. OWNER David Grase ADDRESS AT WELL LOCATION Wellington, Nev 89444
MAILING ADDRESS Wellington, Nev 89444
2. LOCATION NW 1/4 SW 1/4 Sec. 15 T. 11 N. R. 23E Lyon County
PERMIT NO. _____ 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
<u>Alternating decomposed granite and rock</u>	<u>No</u>	<u>0</u>	<u>38</u>	<u>38</u>
<u>Gravel and sand</u>	<u>Yes</u>	<u>38</u>	<u>112</u>	<u>74</u>
<u>Decomposed granite</u>	<u>Yes</u>	<u>112</u>	<u>153</u>	<u>41</u>
<u>Gravel coarse sand</u>	<u>Yes</u>	<u>153</u>	<u>167</u>	<u>14</u>
<u>Clay</u>	<u>No</u>	<u>167</u>	<u>170</u>	<u>3</u>

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 170 feet
Casing record 170
Weight per foot _____ Thickness 1.88
Diameter From To
8 inches 0 feet 170 feet
____ inches _____ feet _____ feet
Surface seal: Yes No Type Cement
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet
Perforations:
Type perforation Saw slot
Size perforation 3/32" x 4"
From 149 feet to 170 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 8.5 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature 61d °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 Drilling Co. Contractor
Address Box 92, Smith, Nev 89430 Contractor
Nevada contractor's license number 12272
Nevada contractor's drillers number 718
Nevada driller's license number 718
Signed Edmund Miller Actual Driller
Contractor
Date 10-27-85

Date started 10-3- 1985
Date completed 10-6- 1985

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