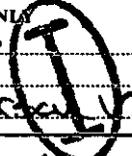


OFFICE USE ONLY
Log No. 27316
Permit No. _____
Basin B-105 Carson



WELL DRILLERS REPORT

PRINT OR TYPE ONLY *Church Vickery* Please complete this form in its entirety

1. OWNER Church Vickery
MAILING ADDRESS _____

NOTICE OF INTENT NO. 6632
ADDRESS AT WELL LOCATION 617 Thoroughbred
Thompson acres

2. LOCATION 1/4 _____ 1/4 Sec. 24 T. 12 N/S R. 20 E Douglas County
PERMIT NO. 29-431-03 Parcel No. _____
Subdivision Name Thompson acres

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>Clay & boulders</u>		<u>0</u>	<u>225</u>	<u>225</u>
<u>Clay & sand</u>		<u>225</u>	<u>233</u>	<u>8</u>
<u>Clay</u>		<u>233</u>	<u>234</u>	<u>1</u>
<u>Clay</u>		<u>234</u>	<u>236</u>	<u>2</u>
<u>Clay</u>		<u>236</u>	<u>237</u>	<u>1</u>
<u>Clay</u>		<u>237</u>	<u>245</u>	<u>8</u>
<u>Clay</u>		<u>245</u>	<u>247</u>	<u>2</u>
<u>Clay + Air Strake</u>		<u>247</u>	<u>269</u>	<u>22</u>
<u>Clay</u>		<u>269</u>	<u>273</u>	<u>4</u>

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 273 feet
Casing record _____
Weight per foot _____ Thickness 1/4
Diameter _____ From _____ To _____
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Sand & Cement
Depth of seal 55 feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet
Perforations:
Type perforation 3/4 Factory Saw
Size perforation 3/32 x 3/32
From 250 feet to 273 feet
From _____ feet to _____ feet

9. WATER LEVEL

Static water level 205 feet below land surface
Flow _____ G.P.M. _____ P.S.I.
Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
Name KAWCHACK DRILLING INC Contractor
Address PO Box 536 Hendersonville, NV 89410 Contractor
Nevada contractor's license number 021268
Nevada contractor's drillers number 763
Nevada driller's license number 545 Actual Driller
Signed Eddy Kawchack Contractor
Date 6-18-86

Date started _____, 19____
Date completed _____, 19____

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 10 Draw down 10 feet 1 hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours