

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 18023

1. OWNER John F. Winnemucca ADDRESS AT WELL LOCATION Parcel #
 MAILING ADDRESS Callahan NV

2. LOCATION NE 1/4 SE 1/4 Sec 24 T 32 N/S R 44 E Gander County _____
 PERMIT NO. _____ Issued by Water Resources Parcel No. 1 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy Clay</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>Clay w/ S Sand</u>		<u>10</u>	<u>13</u>	<u>3</u>
<u>Sand & Gravel</u>		<u>13</u>	<u>23</u>	<u>10</u>
<u>Clay & Gravel</u>		<u>23</u>	<u>25</u>	<u>2</u>
<u>Clay Brown</u>		<u>25</u>	<u>40</u>	<u>15</u>
<u>Clay Blue</u>		<u>40</u>	<u>82</u>	<u>42</u>
<u>Clay Brown</u>		<u>82</u>	<u>100</u>	<u>18</u>
<u>Sand w/ S clay Brown</u>		<u>100</u>	<u>120</u>	<u>20</u>

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>10</u>	<u>0</u>	<u>120</u>
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>188</u>	<u>1</u>	<u>120</u>
_____	_____	_____	_____	_____

Perforations:

Type perforation Factory Slot
 Size perforation 1/8 Slot

From 100 feet to 120 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 50

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 50 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality Good

Date started 10-3, 1991
 Date completed 10-4, 1991

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>Air lift</u>	<u>150 GPM</u>		
_____	_____	_____	_____

10. DRILLER'S CERTIFICATION

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

Name American Drilling Contractor
 Address 3040 Callahan Contractor
Winnemucca NV 89445

Nevada contractor's license number issued by the State Contractor's Board 00209554
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 730

Signed Gerald Le Moyne
 By driller performing actual drilling on site or contractor
 Date 10-4-91

30 DEC -3 AM 110
 RECEIVED
 STATE ENGINEERS OFFICE