

OFFICE USE ONLY
 Log No. 37912
 Permit No. _____
 Basin. 102

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 16972

1. OWNER ED. MUMMAY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3003 MARKINGTON AVE NOT KNOWN AT THIS TIME
SAN JOSE, CALIF. 95127 Nobody living there.
 2. LOCATION SE 1/4 SW 1/4 Sec. 19 T. 17 N/S R. 25 E. LYON County _____
 PERMIT NO. NOT NEEDED 17-422-12 LAHOTAN Subdivision Name _____
Issued by Water Resources Parcel No.

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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silt and Sand	NO	0	10'	10'
Consolidated Sand	NO	10	34	24'
Silly Clay	NO	34	60	26'
Consolidated Sand	NO	60	95	35'
Silt-Sand Loose	YES	95	114'	19'
1/2 inch size GRAVEL TO - GRAVEL WITH SOME COURSE SAND.	YES	114	134	20'

8. WELL CONSTRUCTION
 Depth Drilled 134' Feet Depth Cased 134' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 134' Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>188</u>	<u>+1</u>	<u>134</u>

Perforations:
 Type perforation Factory
 Size perforation 1/8 x 3"
 From 114' feet to 134' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60' feet to 134' feet

9. WATER LEVEL
 Static water level 33' feet below land surface
 Artesian flow NO G.P.M. NO P.S.I.
 Water temperature _____ °F Quality Clear-good

Date started Nov-14 19 91
 Date completed Dec-6 19 91

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 checked="" type="checkbox"/> Air Lift	<u>100</u>	<u>76'</u>	<u>3 hrs.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Inc Contractor
 Address P.O. Box 599 Contractor
Silver Springs N.V.
 Nevada contractor's license number issued by the State Contractor's Board 31891
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740
 Signed Nathaniel L. Leach
 By driller performing actual drilling on site or contractor
 Date Dec 26/91