

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. 16908

1. OWNER Dwight McGill ADDRESS AT WELL LOCATION 1629 Carlson Ln
 MAILING ADDRESS PO Box 1672 Zephyr Cove NV 89448
 2. LOCATION NW 1/4 SE 1/4 Sec 29 T 13 N/S R 21 E Douglas County
 PERMIT NO. 23-150-31 Issued by Water Resources Parcel No. _____
 Subdivision Name Fish Springs

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>Clay</u>		<u>0</u>	<u>5</u>	
<u>Clay & sand</u>		<u>5</u>	<u>30</u>	
<u>Gravel</u>	<u>X</u>	<u>30</u>	<u>120</u>	
<u>Gravel (sand)</u>	<u>X</u>	<u>120</u>	<u>170</u>	

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 170
(9 7/8) Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>7 lbs</u>	<u>.219</u>	<u>0</u>	<u>170</u>

Perforations:
 Type perforation Full length
 Size perforation 3" X 5/8"
 From 170 feet to 150 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 170 feet to 50 feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Frederick Drilling Inc Contractor
 Address 2668 Keller Meadows Rd Contractor
89423
 Nevada contractor's license number #021268
 issued by the State Contractor's Board
 Nevada driller's license number issued by the #145
 Division of Water Resources, the on-site driller
 Signed Michael Allen
 By driller performing actual drilling on site or contractor
 Date 1-2-92

Date started 12-10 1991
 Date completed 12-14 1991

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40+</u>	<u>=</u>	<u>2 hrs</u>

'92 JAN 13 P 1:01
 STATE ENGINEERS OFFICE