

OFFICE USE ONLY
 Log No. 38146
 Permit No. _____
 Basin. 83

I

18281

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. _____

1. OWNER J and M Construction ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 6454 2190 Adobe
Reno, Nv 89513 Lot 35 Bk H

2. LOCATION SW 1/4 NW 1/4 Sec 32 T. 18 N/S R. 21 E Storey County
 PERMIT NO. 03-044-20 Virginia City Highlands
Issued by Water Resources Parcel No. 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden		0	4	4
Tan clay		4	38	34
Gray clay		38	118	80
Dark gray clay with black sand		118	140	22
Purple gray clay & purple black & little gray volcanic rock		140	180	40
Lite green red brown black rock		180	225	45
Mostly black lite green brown red rock		225	250	25
green some white rock	X	250	300	50
Black & gray rock green clay stone some red course sands & clay mixed		300	350	50
Black blue some gray sands blue clay stone & volcanic gravels		350	496	146
T.D. 496 ft				

8. WELL CONSTRUCTION
 Depth Drilled 496 Feet Depth Cased 496 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	55
8 1/2 Inches	55	300
6 1/8 Inches	300	496

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+ 1	300
5	9.66	.188	250	496

Perforations:
 Type perforation factory
 Size perforation 3 / 32 X 3
 From 6" 240 feet to 260 feet
 From 5" 430 feet to 450 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 51 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 60 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 Aqua Drilling & Well Service, Inc
 Contractor
 Address 625 Spice Islands Dr Suite L
Sparks, Nv 89431
 Contractor

Nevada contractor's license number 15291
 issued by the State Contractor's Board

Nevada driller's license number issued by the 1804
 Division of Water Resources, the on-site driller

Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor
 Date Roger M. Thrall - President 3/19/92

Date started 3/2/92 19____
 Date completed 3/11/92 19____

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
test pumped by <u>B. MacKay will produce</u>		
<u>20+</u>	<u>55-60</u>	<u>22</u>