

OFFICE USE ONLY
 Log No. 39208
 Permit No. _____
 Basin. 87

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. 18650

1. OWNER Mike Douglas ADDRESS AT WELL LOCATION 1050 St. Rt. 341
 MAILING ADDRESS P.O. Box 21312 Reno, NV 89511
Reno, NV 89515
 2. LOCATION SE 1/4 SW 1/4 Sec. 26 T. 18N N/S R. 20E E Washoe County
 PERMIT NO. 16-752-07 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	2	2
Hard rock w/ boulders		2	42	40
Very hard bldrs.		42	47	5
2'-3'bldrs with cobbles with small clay streaks		47	168	121
Very hard rock with some broken fractures		168	178	10
Brn & Grey & Rd. Rock		178	307	129
Grey & Green rock		307	352	45
Clay & golden rock		352	415	63
Grn/Blue Hard rock		415	445	30
Green/Blue Broken rock		445	465	20
Softer with Grey Clay		465	478	13
Hard rock		478	530	52
Softer rock		530	534	4
Grey/Brn/Green/Red hard rock with fractures		534	692	158
Grey rock and gravels	x	692	726	34

8. WELL CONSTRUCTION
 Depth Drilled 726 Feet Depth Cascd 726 Feet
 HOLE DIAMETER (BIT SIZE)
 10 3/4" From 0" To 57" Feet
 8 3/4" From 57" To 726" Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	0	726

 Perforations: Factory
 Type perforation _____
 Size perforation .050 x 3 x 4 row
 From 686 feet to 726 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 55+ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 726 feet

Date started 5-12-92
 Date completed 5-12-92

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

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
12-15		4	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welsco Drilling Corp. Contractor
 Address P.O. Box 888 Contractor
Fallon, NV 89406
 Nevada contractor's license number 11752
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 772
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5-21-92