

OFFICE USE ONLY
 Log No. 41699
 Permit No. 1
 Basin 69

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. 22396

1. OWNER J. Tregallas + Ritta Dufrenna ADDRESS AT WELL LOCATION 3620 Toll House Rd
 MAILING ADDRESS H.C.R. 8090 Wmca., Nv. 89445

2. LOCATION SW 1/4 SW 1/4 Sec 10 T. 31N N/S R. 38E E Humboldt County
 PERMIT NO. 06-481-13 Parcel No. N/A 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
Soil Brown Sandy		0	2	2
Clay Brown Hard		2	5	3
Gravel Brown Large		5	26	21
Gravelly Clay Brown		26	64	38
Gravel Brown		64	80	16
Gravelly Clay Brown		80	92	12
Sand + Gravel Brown	18	92	110	

8. WELL CONSTRUCTION
 Depth Drilled 110 Feet Depth Cased 110 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</u>	<u>0</u>	<u>50</u>		
<u>6</u>	<u>50</u>	<u>110</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>14</u>	<u>.188</u>	<u>0</u>	<u>110</u>

Perforations:
 Type perforation Torch
 Size perforation 1/8" by 5"

From	feet to	feet
<u>80</u>	<u>110</u>	

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 34 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 54 °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name T + R DRILLING Contractor
 Address P.O. Box 1982 Wmca., Nv. 89446 Contractor

Nevada contractor's license number 017721
 issued by the State Contractor's Board

Nevada driller's license number issued by the 1190
 Division of Water Resources, the on-site driller

Signed Thomas Stt
 By driller performing actual drilling on site or contractor

Date 5-19-93

Date started 4-16- 1993
 Date completed 4-22- 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>30</u>	<u>5</u>	<u>2 1/2</u>