

OFFICE USE ONLY
 Log No. 4-2079
 Permit No. _____
 Basin. 9-107

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 David Soderstrom ADDRESS AT WELL LOCATION 2477 Hwy 208
 MAILING ADDRESS P.O. Box 87 Smith NEV 89430
 2. LOCATION SE 1/4 SW 1/4 Sec. 30 T. 11 N. S. R. 24 E. Lyon County
 PERMIT NO. 10-542-02 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 Unknown

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Knife casing</u>				
<u>3 Sides 5' Long</u>				
<u>Cuts</u>				
<u>Leak 1' Blanks</u>				
<u>Between cuts</u>				
<u>Place Acc.T</u>				
<u>Cement</u>				
<u>FROM 90' TO TOP</u>				
<u>Approx 20 gal</u>				
<u>Water Flow</u>				
<u>over top</u>				
<u>27 Bags pour</u>				
<u>70' static</u>				
<u>water level</u>				
<u>at time of</u>				
<u>pour</u>				

8. WELL CONSTRUCTION
 Depth Drilled 90 Feet Depth Cased 90 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ 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</u>		<u>.156</u>	<u>-3</u>	<u>90</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ 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 _____ feet to _____ feet

Date started Mar 10 1993
 Date completed Mar 10 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level 70 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Poor - Sandy

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Osgden Bros Drilling Contractor
 Address 162 N. Bybee Lane Contractor
Yerington Nev 89447
 Nevada contractor's license number 15646
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 0634
 Division of Water Resources, the on-site driller
 Signed Leg Udder
 By driller performing actual drilling on site or contractor
 Date 6-28-93