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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. 18461

1. OWNER TOMORAH Public Utilities ADDRESS AT WELL LOCATION None  
MAILING ADDRESS TOMORAH Nevada

2. LOCATION SR 1/4 SR 1/4 Sec. S T 4 N8 R. 44 E Myie County  
PERMIT NO. 54929 Issued by Water Resources Parcel No. None 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
<u>Sandy clay</u>		<u>0</u>	<u>29</u>	<u>29'</u>
<u>Sand &amp; gravel</u>	<input checked="" type="checkbox"/>	<u>29</u>	<u>45</u>	
<u>Cemented sand gravel &amp; cobbles with clay</u>		<u>45</u>	<u>78</u>	
<u>Fractured bed rock with clay</u>		<u>78</u>	<u>102</u>	

8. WELL CONSTRUCTION  
Depth Drilled 100' Feet Depth Cased 100' Feet

HOLE DIAMETER (BIT SIZE)  
From 0 To 100  
15 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>8</u>	<u>27</u>	<u>.250</u>	<u>0</u>	<u>30</u>

Perforations:  
Type perforation .80 SCREENS  
Size perforation \_\_\_\_\_  
From 30 feet to 100 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 30'  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
From 30' feet to 100' feet

9. WATER LEVEL  
Static water level 28 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature 60 °F Quality OK

Date started 6-1, 1992  
Date completed 6-19, 1992

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>200</u>	<u>10'</u>	<u>48</u>

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name OMASIS DRILLING INC. Contractor  
Address P.O. Box 21421 Contractor  
CARSON CITY NV. 89121  
Nevada contractor's license number issued by the State Contractor's Board 0023129  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1386  
Signed T. L. Anzures  
By driller performing actual drilling on site or contractor  
Date 6-25-92