

OFFICE USE ONLY
 Log No. 42207
 Permit No. 8-1102
 Basin 1

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. 18583

1. OWNER Donald + Shirley Mat Tel ADDRESS AT WELL LOCATION 4690 Fir St. Silver Springs Nev. 89429
 MAILING ADDRESS 4471 Penedras Dr. Carson City Nev. 89401
 2. LOCATION SE 1/4 SW 1/4 Sec. 33 T 18 N/S R. 24 E Lyon County
 PERMIT NO. 15-202-05 Parcel No. NA 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	Thickness
<u>Brown Surface soil, some coarse gravel & boulders</u>		<u>0</u>	<u>120</u>	<u>120</u>
<u>Brown clay</u>		<u>10</u>	<u>120</u>	<u>130</u>
<u>Brown clay & boulders</u>		<u>130</u>	<u>180</u>	<u>50</u>
<u>Brown clay & sand & gravel</u>		<u>180</u>	<u>395</u>	<u>215</u>
<u>decomposed rock, some hard spots in it</u>		<u>395</u>	<u>497</u>	<u>102</u>
<u>Hard rock</u>		<u>497</u>	<u>500</u>	<u>3</u>

8. WELL CONSTRUCTION
 Depth Drilled 500 Feet Depth Cased 500 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 500 Feet
 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 5/8</u>		<u>.188</u>	<u>+1</u>	<u>500</u>

Perforations:
 Type perforation MILL
 Size perforation 3/32 X 3
 From 440 feet to 500 feet
 From _____ feet to _____ feet

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 50 feet to 500 feet

9. WATER LEVEL
 Static water level 345 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started 7-20 1993
 Date completed 7-26 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>about 40</u>	<u>45</u>	<u>2 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ACE Drilling + Development Contractor
 Address P.O. Box 668 Contractor
Silver Spring Nev.
 Nevada contractor's license number issued by the State Contractor's Board 14299
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 726
 Signed H.L. [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-26-1993