

OFFICE USE ONLY
 Log No. 42777
 Permit No. 8-1051
 Basin 8-1051

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. 24313

1. OWNER WESTLAND CONST. ADDRESS AT WELL LOCATION 1090 AZUL GARDNERVILLE
 MAILING ADDRESS GARDNERVILLE

2. LOCATION NE 1/4 SW 1/4 Sec 17 T. 12 N. R. 20 E. DOUGLAS County
 PERMIT NO. 27-664-16 Parcel No. CHAMBERS FIELD 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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>cobbles w sandy brn clay</u>		<u>0</u>	<u>20</u>	<u>20</u>
<u>cobbles w sand</u>		<u>20</u>	<u>41</u>	<u>21</u>
<u>sandy brn. clay</u>		<u>41</u>	<u>44</u>	<u>3</u>
<u>cobbles w sand</u>	<u>X</u>	<u>44</u>	<u>65</u>	<u>21</u>
<u>sandy brn. clay</u>	<u>#</u>	<u>65</u>	<u>68</u>	<u>3</u>
<u>gravel w short clay strks</u>	<u>X</u>	<u>68</u>	<u>95</u>	<u>33</u>
<u>gravel w sandy brn clay</u>		<u>95</u>	<u>101</u>	<u>6</u>
<u>gravel w short clay strks</u>	<u>XXX</u>	<u>101</u>	<u>140</u>	<u>39</u>

8. WELL CONSTRUCTION
 Depth Drilled 140' Feet Depth Cased 140' Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 140' 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 5/8</u>	<u>12</u>	<u>.188</u>	<u>0</u>	<u>140'</u>

Perforations:
 Type perforation Factory slotted
 Size perforation 3.0/32
 From 120' feet to 140' feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 100'

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From 100' feet to 140' feet

9. WATER LEVEL
 Static water level 29' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality good

Date started 9-2-93 19____
 Date completed 9-9-93 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Air</u>	<u>50+</u>	<u>—</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name EDDCO EXPLORATION, INC Contractor
 Address 7780 CURRY RD. Contractor
FALLON, NV

Nevada contractor's license number issued by the State Contractor's Board 27673
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1535

Signed Jerald W. [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-9-93

'93 SEP 28 AM 11:06
 STATE ENGINEERS OFFICE