

PRINT OR TYPE ONLY
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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 23991

1. OWNER Robert Sargent ADDRESS AT WELL LOCATION 1775
 MAILING ADDRESS 1775 West Green Ave Silver Springs, NV 89429 West Green Ave Silver Springs, NV 8942
 2. LOCATION NW 1/4 SE 1/4 Sec. 1 T. 17 N/S R. 24 E County Pioneer Sub. Lyon
 PERMIT NO. 17-048-01 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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>Firm dark gray gravel and cobbles stones</u>		<u>0</u>	<u>60</u>	<u>60</u>
<u>Firm gravel + sand with some yellow clay</u>		<u>60</u>	<u>125</u>	<u>65</u>
<u>Dark gray very firm coarse gravel and cobbles stones</u>	<u>X</u>	<u>125</u>	<u>160</u>	<u>35</u>

'93 DEC 27 AM 11:10
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 160 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>.188</u>	<u>+1</u>	<u>160</u>

Perforations:
 Type perforation Mill
 Size perforation _____
 From 120 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 ft. Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 100 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.0 °F Quality good

Date started 11/30/93
 Date completed 12/8/93

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>18</u>	<u>0</u>	<u>2</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 & Dev. Contractor
 Address P.O. Box 668 Contractor
Silver Springs, NV 89429
 Nevada contractor's license number 14299
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 726
 Division of Water Resources, the on-site driller
 Signed H. Z. [Signature]
 By driller performing actual drilling on site or contractor
 Date 12/8/93