

OFFICE USE ONLY
 Log No. 44321
 Permit No. _____
 Basin 8-10

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. 24766

1. OWNER Eagle Ranch ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 12241 Pioneer Way 12241 Pioneer Way Fallon
Fallon NV 89406
 2. LOCATION NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 29 T. 19 N S. R. 27 E. Churchill County
 PERMIT NO. 44284 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Casing was perforated with 8" diameter air activated in hole perforator.				
4 rows of perforations were cut from 0-149'				
Tremie pipe installed to bottom & circulated with 70 viscosity 9 lb mud to surface.				
Cement catcher installed at 50' level and pumped to surface with pure neat cement.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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)
8 5/8	15.53	.188	0	205

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 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 March 12, 1994
 Date completed March 13, 1994

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 type="checkbox"/> Air Lift			

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Humboldt Drilling & Pump Co., Inc. Contractor
 Address P.O. Box 590 Contractor
Winnemucca, NV 89446
 Nevada contractor's license number issued by the State Contractor's Board 015234
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 1562
 Signed C. E. Apple By driller performing actual drilling on site or contractor
 Date 4-8-94