

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. **25346**

1. OWNER **Frank Conrall** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **PO Box 1023** _____
Minden NV 89423 _____
 2. LOCATION **SW 1/4 NW 1/4 Sec. 26 T. 14 N/S R. 20 E** _____
Douglas County
 PERMIT NO. **21-230-23** _____
 Issued by Water Resources Parcel No. _____
 Division Name **High Point**

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
SAND		0	35	
SAND & Gravel		35	55	
SAND		55	75	
SAND & Gravel		75	100	
SAND & CLAY		100	110	
SAND		110	190	
SAND & Gravel	X	190	245	
SAND & CLAY	X	245	275	
SAND CLAY & Gravel	XY	275	300	
SAND & CLAY	XY	300	340	

8. WELL CONSTRUCTION
 Depth Drilled **340** Feet Depth Cased **340** Feet

HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches To **0** Feet **340** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	125 lbs	.188	0	340

Perforations:
 Type perforation **Factory Perf**
 Size perforation **3" x 15/32"**

From _____ feet to _____ feet
 From **340** feet to **320** feet
 From **240** feet to **220** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **340** feet to **50** feet

Date started **6-23**, 19 **94**
 Date completed **8-27**, 19 **94**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AIR	30-40	-	3hrs

9. WATER LEVEL
 Static water level **187** 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 **Kawchack Drilling Inc** Contractor
 Address **PO Box 1359 Minden NV** Contractor
 Nevada contractor's license number **#021268** issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, on-site of **#1495**
 Signed **Michael Allen**
 By driller performing actual drilling on site of contractor
 Date **6-27-94**