

OFFICE USE
 Log No. **46682**
 Permit No. _____
 Basin. **105**

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. **26575**
 ADDRESS AT WELL LOCATION **1945 HORSEBRUSH GARDNERVILLE**

1. OWNER **JIM WILLIAMS** ADDRESS AT WELL LOCATION **1945 HORSEBRUSH GARDNERVILLE**
 MAILING ADDRESS **GARDNERVILLE, NV**

2. LOCATION **NW 1/4 SE 1/4 Sec. 36 T. 13 N. R. 20 E DOUGLAS** County
 PERMIT NO. _____ Parcel No. **23-472-13** Subdivision Name **WILDFLOWER**
 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SANDY CLAY W/GRAVEL		0	14	14
CEMENTED GRAVEL		14	46	32
SANDY CLAY W/GRAVEL		46	59	13
SANDY CLAY		59	194	135
FRACTURED BASALT		194	217	23
CEMENTED GRAVEL		217	234	17
SANDY CLAY W/GRAVEL		234	248	14
SANDY CLAY		248	279	31
GRAY SANDY CLAY		279	632	353
SAND	✓	632	641	9
SANDY CLAY		641	646	5
SAND	✓	646	649	3
SANDY CLAY		649	670	21
SAND	✓	670	677	7
SANDY CLAY		677	680	3

'94 OCT 12 P 1:05
 STATE ENGINEERS UNIT

8. WELL CONSTRUCTION
 Depth Drilled **680** Feet Depth Cased **680** Feet

HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **160** Feet
9 7/8 Inches **160** Feet **680** Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	0	680

Perforations:
 Type perforation **FACTORY SLOTTED**
 Size perforation **3 x 3/32**
 From **630** feet to **650** feet
 From **660** feet to **680** 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 **50** feet to **680** feet

Date started **9-15**, 19**94**
 Date completed **10-6**, 19**94**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AIR	25+	—	5

9. WATER LEVEL
 Static water level **225** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **WARM** Quality **GOOD**

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. FALLON, NV 89406**
 Contractor
 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 **1726**
 Signed **Paul J. M...**
 By driller performing actual drilling on site or contractor
 Date **10-6-94**