

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. _____
Permit No. _____
Basin 107
NOTICE OF INTENT NO. 27727

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

1. OWNER Raymond / Carl Moore ADDRESS AT WELL LOCATION 69 ARTIST VIEW
MAILING ADDRESS Smith, NV 89430
2. LOCATION NW 1/4 SW 1/4 Sec 7 T 11 R 23 E LYON County
PERMIT NO. 10-411-11 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 | Thick-ness |
|--|--------------|------|-----|------------|
| TOP SOIL | | 0 | 10 | |
| SAND | | 10 | 25 | |
| BRN CLAY | | 25 | 45 | |
| COURSE SAND | | 45 | 85 | |
| BLUE CLAY | | 85 | 190 | |
| GALLS W/SOME BRN CLAY WB | | 190 | 260 | |
| (PLUGGED BOTTOM OF WELL WITH DRAIN ROCK TO PREVENT SAND FROM COMING IN.) | | | | |

8. WELL CONSTRUCTION
Depth Drilled 0 Feet Depth Cased 260 Feet

HOLE DIAMETER (BIT SIZE)
From 9 7/8 Inches To 0 Feet 260 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 3/8</u> | | <u>1 5/8</u> | <u>0</u> | <u>260</u> |

Perforations:
Type perforation FACTORY
Size perforation 3 x 3/32
From 220 feet to 260 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From 50 feet to 260 feet

9. WATER LEVEL
Static water level 110 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature COLD °F 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 ED MILLER Contractor
Address P.O. BOX 92 SMITH, NV 89430 Contractor

Date started 10 19 1994
Date completed 10 21 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 checked="" type="checkbox"/> Air Lift | <u>25</u> | <u>4H</u> | <u>3 1/2</u> |

Nevada contractor's license number issued by the State Contractor's Board 32166
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1949
Signed [Signature] By driller performing actual drilling on site or contractor
Date 10 21 94

'94 NOV -7 P 3:18
STATE ENGINEERS' OFFICE