

OFFICE USE ONLY
 Log No. _____
 Permit No. _____
 Basin. 107
 NOTICE OF INTENT NO. 20702

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

1. OWNER TOM WIPELI ADDRESS AT WELL LOCATION 152 HUDSON AURORA SMITH, NV 89430
 MAILING ADDRESS _____

2. LOCATION SW 1/4 SW 1/4 Sec. 27 T. 11 N/S R. 24 E. LYON County
 PERMIT NO. 1048124 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
TOP SOIL		0	15	
HEAVY BRN CLAY		15	35	
BRN CLAY w/GRUS		35	140	
LG GRUS w/SOME CLAY		140	175	
GRUS w/SOME SAND	WB	175	220	
DRAIN ROCK IN BOTTOM OF WELL TO PREVENT SAND				
94 EQU 13 AUG 94				
STATE ENGINEER				

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet

HOLE DIAMETER (BIT SIZE)
 From To
9 7/8 Inches 0 Feet 220 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 7/8</u>		<u>1 7/8</u>	<u>0</u>	<u>220</u>

Perforations:
 Type perforation FACTORY
 Size perforation 3 3/32
 From 180 feet to 220 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 220 feet

9. WATER LEVEL
 Static water level 107 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality GOLD

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
 Nevada contractor's license number 32166 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1949
 Signed Ed Miller By driller performing actual drilling on site or contractor
 Date 12-12-94

Date started 12-2, 1994
 Date completed 12-11, 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>257</u>	<u>UK</u>	<u>6 1/2 hrs.</u>