

Log No. **47875**
Permit No. **105**
Basin

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. **29312**
NOT Assigned Yet

1. OWNER **Terry Strickland** ADDRESS AT WELL LOCATION **NOT Assigned Yet**
MAILING ADDRESS **#8 New Hope DR. Gardnerville NV 89411**
2. LOCATION **NE 1/4 SW 1/4 Sec. 6 T. 11 N/S R. 21 E. Douglas County**
PERMIT NO. **35-240-08** Parcel No. **Bodie Flats Area** 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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sands and Top Soil		0	6	6
Hard pack clay		6	18	12
DE Sands		18	87	69
Brown clays (Tight)		87	113	26
Inbedded Sands and Clay Balls		113	143	30
Clay Seem w/ small Gravels		143	181	38
Gummy Brown Clays Balls Broken Gravels		181	220	39
Broken Small Gravels w/ small Clay Seem		220	232	12
Solid Clay Seem		232	240	8
Hard Volcanic Gravels w/ Broken Zones	xxx	240	310	70

8. WELL CONSTRUCTION
Depth Drilled **310** Feet Depth Cased **310** Feet

HOLE DIAMETER (BIT SIZE)
From **11 1/4** Inches To **0** Feet **220** Feet
From **6 1/8** Inches To **220** Feet **310** Feet
From _____ Inches To _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	0	220
5 9/16	11.04	.188	210	310

Perforations:
Type perforation **Mill Slot**
Size perforation **3x3/32**
From **200** feet to **220** feet
From **230** feet to **310** feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal **50** Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From **50** feet to **220** feet

9. WATER LEVEL
Static water level **60** feet below land surface
Artesian flow _____ G.P.M. **12** 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 **A&H Pump Company** Contractor
Address **5551 Hwy 50 E #3 Carson City NV 89701** Contractor
Nevada contractor's license number **31839** issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1905**
Signed **Michael D. Heck**
By driller performing actual drilling on site or contractor
Date **5-**

Date started **5-8**, 19 **95**
Date completed **5-15**, 19 **95**

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
12	85	5 HRS