

Log No. **47916**
 Permit No. _____
 Basin **105**

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 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. **28902**

1. OWNER **BILL GARLISON CONST.** ADDRESS AT WELL LOCATION **228 FOOTMAN MEADOWS**
 MAILING ADDRESS **P.O. BOX 43** **GENOA**
 LOCATION **SW 1/4 NW 1/4 Sec 10 T 13 N/S R 19 E DOUGLAS** County
 PERMIT NO. **17-084-43** **GENOA** Subdivision Name
 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 **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	2	2
Sand		2	10	8
DC w/ Sandy clay		10	23	13
boulders w/ Sandy clay		23	49	
DC w/ Sandy clay		49	56	
Sandy clay w/ boulders		56	118	
boulders w/ sandy clay	✓	118	126	
Sandy clay w/ DC		126	133	
boulders w/ sandy clay		133	143	10
Sandy clay w/ DC		143	154	11
boulders w/ sandy clay		154	156	2
sandy clay w/ DC		156	160	6
DC w/ some sandy clay	✓	160	168	8
Sandy clay		168	171	3
DC w/ some sandy clay	✓	171	178	7
Sandy clay		178	180	2

8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/8 Inches **0** Feet **50** Feet
9 7/8 Inches **50** Feet **180** Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	13	.185	+2	180

Perforations:
 Type perforation **Factory slotted T.C.**
 Size perforation **3/32**
 From **160** feet to **180** feet
 From **T.C. #120** feet to **160** water level 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 **180** feet

Date started **2-21**, 19**95**
 Date completed **2-27**, 19**95**

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			
Air	20+	—	5

9. WATER LEVEL
 Static water level **30** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **64.1** °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 **EDDCO EXPLORATION, INC.** Contractor
 Address **7780 CURRY RD.** Contractor
FALLON, NV 89406
 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 **1535**
 Signed **Jerald W. Plimell**
 By driller performing actual drilling on site or contractor
 Date **2-27-95**