

OFFICE USE ONLY
 Log No. 48129
 Permit No. 1
 Basin 092A

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. 23804

1. OWNER PERRY SMITH ADDRESS AT WELL LOCATION N/A WHEN DRILLED
 MAILING ADDRESS 115 MOGAL MOUNTAIN
RENO NV 89523
 2. LOCATION SE 1/4 SW 1/4 Sec. 25 T 21 N R 18 E WASHOE County
 PERMIT NO. 086-360-16 SILVER KNOLLS
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
Stick tan clay		0	2	
Brown yellow white Tan DG sand		2	12	
Sticky Green Clay		12	18	
Tan yellow white Green DG Sand		18	21	
Tan & Green Clay		21	60	
Green Brown White DG Sands		60	82	
Sticky Green Clay		82	103	
Coarse DG Sands & Gravels Green White		103	128	
Sticky Green Clay		128	139	
139 TD	X			

8. WELL CONSTRUCTION
 Depth Drilled 139 Feet Depth Cased 139 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 139 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 5/8</u>	<u>1296</u>	<u>188</u>	<u>+1 1/2</u>	<u>139</u>

Perforations:
 Type perforation Factory Sawn
 Size perforation 3/32 x 3"
 From 129 feet to 119 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54 feet to 139 feet

9. WATER LEVEL
 Static water level 40 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality _____

Date started 4-26, 19 95
 Date completed 4-27, 19 95

7. WELL TEST DATA

TEST METHOD	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>STAIR</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>20+</u>		<u>1 1/2</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name A.S.A.P. PUMP & WELL SERVICE, INC. Contractor
 Address 1800 1/2 FRAZER AVENUE Contractor
SPARKS, NV 89431
 Nevada contractor's license number issued by the State Contractor's Board 1509
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 0035387A
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5-3-95