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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. 27315

1. OWNER Bill Lavella ADDRESS AT WELL LOCATION 260 James Ave Dayton NV
 MAILING ADDRESS 260 James Ave Dayton NV
 2. LOCATION SE 1/4 SE 1/4 Sec. 6 T. 16 S. R. 22 E Lyon County
 PERMIT NO. 19-654-05 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	Thickness
<u>Course Sands</u>		<u>0</u>	<u>18</u>	<u>18</u>
<u>Sandy Brown Clay (DRY)</u>		<u>18</u>	<u>36</u>	<u>18</u>
<u>Course Obsidian Gravels DG Sands</u>		<u>36</u>	<u>90</u>	<u>54</u>
<u>Gummy Soft Brown Clay</u>		<u>90</u>	<u>143</u>	<u>53</u>
<u>Course Gravels</u>		<u>143</u>	<u>158</u>	<u>15</u>
<u>Small Layers of Clay and Sandy</u>		<u>158</u>	<u>161</u>	<u>3</u>
<u>Course Gravels</u>		<u>161</u>	<u>190</u>	<u>29</u>

8. WELL CONSTRUCTION
 Depth Drilled 190 Feet Depth Cased 190 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 1/4 Inches To 0 Feet 190 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>13.03</u>	<u>1.88</u>	<u>0</u>	<u>190</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3 x 3/32
 From 170 feet to 190 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 190 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. 35 P.S.I.
 Water temperature Warm °F Quality Good

Date started 7-26 1995
 Date completed 7-28 1995

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>35</u>	<u>20</u>	<u>3 HRS</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AH Pump Company Contractor
 Address 6551 Hwy 50 E #3 Carson City NV 89701 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31839
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed W. Richard Black
 By driller performing actual drilling on site or contractor
 Date 7-28-95