

Log No. 49363
 Permit No. _____
 Basin. 084

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88DARB

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. 29803

1. OWNER ALAN CPPIC ADDRESS AT WELL LOCATION No. Address assigned yet
 MAILING ADDRESS _____ 5855 Yoways Road
 2. LOCATION NE 1/4 SE 1/4 Sec 8 T. 22N N/S R. 21 E. Washoe County
 PERMIT NO. 77-200-05 Parcel No. Palomirov. Dist 8-2-19 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	Thick-ness
Top Soil		0	5	5
Brown Sandy Soil		5	15	10
Clay		15	30	15
Multi Colored Rock Hard		30	70	40
Multi Colored Rock-Sand		70	100	30
Multi Colored Sand with stringers as Clay		100	300	200

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 295 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 300 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>		<u>250</u>	<u>0</u>	<u>295</u>

Perforations:
 Type perforation slot
 Size perforation 60 mill
 From 135 feet to 300 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 300 feet

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

Date started 7-29, 1995
 Date completed 7-30, 1995

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>Never Tested</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name SMI Emidio Resources Contractor
 Address P.O. Box 40 Contractor 89405
Empire, Nev.
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1558
 Signed Michael W. Claar
 By driller performing actual drilling on site or contractor
 Date 7-31-95