

OFFICE USE ONLY  
 Log No. 49696 498  
 Permit No. 1076  
 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. 27021

1. OWNER Karl Baker ADDRESS AT WELL LOCATION 2475 FARM DIST 1  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 SW 1/4 Sec 20 T 20 N/S R 25 E Lyon County  
 PERMIT NO. 21-303-06 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 \_\_\_\_\_

6. LITHOLOGIC LOG

| Material  | Water Strata | From | To | Thick-ness |
|---|--------------|------|----|------------|
| * 1 #49696  |              | 0    | 33 |            |
| * 2 #49698  |              | 0    | 41 |            |
| * Both wells were grouted bottom to top - neither was accessible to rig because of trees or buildings - Both wells were dry - |              |      |    |            |
| STATE ENGINEERS   |              |      |    |            |

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
|                    |                     |                         |             |           |
|                    |                     |                         |             |           |
|                    |                     |                         |             |           |

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation OUTCOWH  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level both dry feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started June 20, 1991  
 Date completed June 22, 1991

7. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift |                               |              |  |
|--|-------------------------------|--------------|--|
| G.P.M.   | Draw Down (Feet Below Static) | Time (Hours) |  |
|  |                               |              |  |
|  |                               |              |  |
|  |                               |              |  |
|  |                               |              |  |
|  |                               |              |  |

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Welder Contractor  
 Address Box 888 Fallon Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 11752  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772  
 Signed Welder  
 By driller performing actual drilling on site or contractor  
 Date June 29-91