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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. 32589

1. OWNER JAMES B. SIMPSON ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3105 Persing Same
Carson City, NV 89704
 2. LOCATION NW 1/4 NE 1/4 Sec 6 T 16N N/S R 20 E Washoe County
 PERMIT NO. R-262 050-423-08 New Washoe
 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
DOMESTIC WELL ABANDONMENT:				
Static water level NONE-DRY				
Total depth of well 57 feet				
Equipment used: Support truck & 2 man crew High pressure cement Pump				
Materials used: 8 sacks of Portland Cement Type II				
Method used: Casing could not be pulled. No perforations -- See waiver R262 Cement pad around well head Install tremie line to bottom of well. Pump cement through tremie pipe under high pressure. 7 sacks cement used. Fluid level to surface. 1 sack cement make-up.				
Location: 50 feet due N of new well 44 feet w of shop-building				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
Inches	Feet	Inches	Feet
_____	_____	_____	_____
Inches	Feet	Inches	Feet
_____	_____	_____	_____

CASING SCHEDULE

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

Perforations:

Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 10-30-95, 19____
 Date completed 10-30-95, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number issued by the State Contractor's Board 22549
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 923
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date November 1, 1995