

OFFICE USE ONLY
 Log No. 44779
 Permit No. _____
 Basin. 084

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. 31872

1. OWNER Lewis Ellison ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 911 F Street 1000 Ironwood
Sparks, Nevada 89431 Reno, Nevada 89510
 2. LOCATION SE 1/4 SW 1/4 Sec 08 T 22 N N/S R. 21 East Washoe County
 PERMIT NO. 77-200-11 Palomino Valley Unit 7 E-2-1-11
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	Thickness
Overburden		0	15	
Green Clay		15	94	
Brown, White Volcanic Gravels (soft)		94	121	
Dark Green, White Volcanic Rock w/some Green Clay		121	164	
Green, Blk & White Volcanic Rock (med hard)	X	164	270	
T.D. 270				

8. WELL CONSTRUCTION
 Depth Drilled 270 Feet Depth Cased 270 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10-5/8 Inches 0 Feet 51 Feet
8-1/2 Inches 51 Feet 270 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13.92	.188	+1-1/2	270

Perforations:
 Type perforation Factory Sawn
 Size perforation 3/32x3
 From 254 feet to 234 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 51 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 270 feet to 51 feet

9. WATER LEVEL
 Static water level 120 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started December 4 19 95
 Date completed December 5 19 95

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>15+</u>		<u>3 hours</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 Ave. Contractor
Sparks, Nevada 89431
 Nevada contractor's license number issued by the State Contractor's Board 35387-A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509
 Signed Tammy Welch
 By driller performing actual drilling on site or contractor
 Date December 6, 1995