

PRINT OR TYPE ONLY
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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. 27831

1. OWNER Tim Kaben ADDRESS AT WELL LOCATION 1060 out-Road
 MAILING ADDRESS PO Box 1774 Truckee RD. Minden NV 89423
Calif. 95605
 2. LOCATION NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 13 T. 12 N/S R. 21 E. Douglas County
 PERMIT NO. 35-350-06 Parcel No. fish Springs 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
Clay		0	50	
Clay		50	85	
Clay		85	150	
Clay Sand	X	150	310	

8. WELL CONSTRUCTION
 Depth Drilled 310 Feet Depth Cased 310 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 1/2 Inches 0 Feet 310 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 5/8</u>	<u>7</u>	<u>.188</u>	<u>0</u>	<u>310</u>

Perforations:
 Type perforation Factory
 Size perforation 3X5/16
 From 210 feet to 230 feet
 From 250 feet to 270 feet
 From 290 feet to 310 feet
 From _____ feet to _____ feet
 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 50 feet to 310 feet

9. WATER LEVEL
 Static water level 1410 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 Kowachek Drilling Inc Contractor
 Address PO Box 1354 Minden NV Contractor
89423
 Nevada contractor's license number _____
 issued by the State Contractor's Board 021268
 Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller 13801
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/9/95

Date started 9/9, 19 95
 Date completed 9/15, 19 95

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>3</u>		<u>9 hours</u>

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 95 SEP 21 AM 10:59
 STATE ENGINEERS OFFICE