

OFFICE USE ONLY
 Log No. 50194
 Permit No. _____
 Basin 103
 NOTICE OF INTENT NO. 26763

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

1. OWNER Frank Murray ADDRESS AT WELL LOCATION 8425 Seneca St. Stagecoach, NV
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NE 1/4 Sec. 11 T. 17 N/S R. 23 E Lyon County
 PERMIT NO. NIA 19-371-07 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 rod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>15</u>	<u>15</u>
<u>Tan Clay</u>		<u>15</u>	<u>46</u>	<u>31</u>
<u>Gravels And Boulders</u>		<u>46</u>	<u>88</u>	<u>42</u>
<u>Brown Clay</u>		<u>88</u>	<u>125</u>	<u>37</u>
<u>Gravels</u>		<u>125</u>	<u>150</u>	<u>25</u>

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/2 Inches To 15 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 1/2</u>	<u>13.00</u>	<u>3/16</u>	<u>71</u>	<u>150</u>

Perforations:
 Type perforation Touch Cont
 Size perforation 1 1/4 x 6 long screws
 From 100 feet to 750 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 90 feet to 150 feet

9. WATER LEVEL
 Static water level 73 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8-30, 1975
 Date completed 8-31, 1975

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>Developed For 2 Hours And Produced about 16 Gallons A Min</u>			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Inc
 Address P.O. Box 579
Silver Springs NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1827
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-5-75

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 95 SEP - 6 AM 10:46
 STATE ENGINEERS OFFICE