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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. 31860

1. OWNER Jim Wallace ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 5848 2251 Lousetown Road
Incline Village, Nv. 89450 Reno, Nevada 89511
 2. LOCATION SW 1/4 NW 1/4 Sec. 33 T. 18 N/S R. 21 E Story County
 PERMIT NO. 03-042-25 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
Tan & Brown Clay		0	14	
Green clay w/ green & brown sand		14	18	
Orange clay		18	23	
Blue clay	63	23	63	
Blue green fractured volcanic rock w/blue clay stringers	155	63	171	
T, D, 171 Feet				

8. WELL CONSTRUCTION
 Depth Drilled 171 Feet Depth Cased 171 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10-5/8 Inches To 171 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	12.92	.188	+1-1/2	171

Perforations:
 Type perforation Factory Sawn
 Size perforation 3/32 x 3
 From 160 feet to 140 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 55
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 171 feet to 55 feet

9. WATER LEVEL
 Static water level 52 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.1 °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 A.S.A.P. Pump & Well Service, Inc. Contractor
 Address 1800-1/2 Frazer Avenue 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 1511
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date October 12, 1995

Date started Oct 12, 1995, 19_____
 Date completed Oct 12, 1995, 19_____

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>20+</u>		<u>3hours</u>