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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

Log No. 51167  
 Permit No. 105  
 Basin 105  
 NOTICE OF INTENT NO. 23073  
1538 Hwy 395

1. OWNER Lampke Carriers, Ltd ADDRESS AT WELL LOCATION 1538 Hwy 395  
 MAILING ADDRESS P.O. Box 7  
GENOA, Nev. 89411  
 2. LOCATION 52 1/4 NE 1/4 Sec. 4 T. 12 N/S R. 20 E Douglas County  
 PERMIT NO. DEW 0047A Issued by Water Resources Parcel No. Park Place Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other  
 4. PROPOSED USE  
 Temporary  Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ABANDON WELLS 20 EACH -				
Fill casing with concrete,				
extract casing, allowing				
cement slurry to fill void				
and blend with filter pack.				
20 holes logged #s				
5159, and				
51164 -> 51182				
inclusive.				

8. WELL CONSTRUCTION  
 Depth Drilled 20 Feet Depth Cased 20 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
 Inches Feet Feet  
 Inches Feet Feet  
 Inches Feet 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  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal.....  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From.....feet to.....feet  
 9. WATER LEVEL  
 Static water level 5' feet below land surface  
 Artesian flow..... G.P.M. P.S.I.  
 Water temperature.....°F Quality.....

Date started 1-10-96 19.....  
 Date completed 1-10-96 19.....

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Viking Drillers, Inc Contractor  
 Address 801 Northport Drive Contractor  
West Sacramento, Ca. 95691  
 Nevada contractor's license number issued by the State Contractor's Board 0034680  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1268-M  
 Signed Joseph E. Mahoney  
 By driller performing actual drilling on site or contractor  
 Date 1-10-96