

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

Log No. 51178
 Permit No. 05
 Basin 05
 NOTICE OF INTENT NO. 23073
 ADDRESS AT WELL LOCATION 1538 Hwy 395

1. OWNER Lampke Corners, Ltd ADDRESS AT WELL LOCATION 1538 Hwy 395
 MAILING ADDRESS P.O. Box 7
GENOA, Nev. 89411
 2. LOCATION SE 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 Dewater Wells
 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
<u>ABANDON WELLS 20 EACH -</u>				
<u>Fill casing with concrete,</u>				
<u>extract casing, allowing</u>				
<u>cement slurry to fill void</u>				
<u>and blend with jetted pack.</u>				
<u>20 holes logged #s</u>				
<u>5159, and</u>				
<u>5164 -> 5182</u>				
<u>inclusive.</u>				

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:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal.....
 Placement Method: Pumped Poured
 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 1868-M
 Signed Joseph E. Mahoney
 By driller performing actual drilling on site or contractor
 Date 1-10-96