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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. 51181
 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 S2 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. Temporary 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
<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 filter 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

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