

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

NOTICE OF INTENT NO. 31495

1. OWNER Thomas moody ADDRESS AT WELL LOCATION 11375 Oregon Blvd
MAILING ADDRESS 11375 Oregon Blvd 972-0883
2. LOCATION SE 1/4 SE 1/4 Sec 01 T 21 N/S R 19 E Washpe County
PERMIT NO. 005598 089-020-09 Lemmon Valley
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	Thick-ness
<u>Coarse + fine Diat</u>		<u>0</u>	<u>18</u>	<u>18</u>
<u>De-sic</u>		<u>18</u>	<u>53</u>	<u>35</u>
<u>Hard Granite</u>		<u>53</u>	<u>60</u>	<u>7</u>
<u>Pink Hard Rock</u>		<u>60</u>	<u>73</u>	<u>13</u>
<u>Med BROWN GRANITE</u>		<u>73</u>	<u>346</u>	<u>273</u>
<u>Hard Black + White Granite</u>		<u>346</u>	<u>463</u>	<u>117</u>
<u>BROKEN GRANITE</u>		<u>20</u>	<u>463</u>	<u>20</u>

8. WELL CONSTRUCTION
Depth Drilled 483 Feet Depth Cased 483 Feet
HOLE DIAMETER (BIT SIZE)
From To
1 1/2 Inches 0 Feet 60 Feet
8 1/2 Inches 60 Feet 483 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>16</u>	<u>1 1/8</u>	<u>71</u>	<u>483</u>

Perforations:
Type perforation factory slot
Size perforation 4 1/2 x 2
From 455 feet to 475 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 60 Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From 400 feet to 483 feet

9. WATER LEVEL
Static water level 4.52 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 57 °F Quality Clear

Date started 2 19 96
Date completed 2 19 96

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>12+</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name J M Drilling Co. Contractor
Address 1859 Hymel Ave Contractor
SPARKS NV, 89431
Nevada contractor's license number 41172 issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1940
Signed David E. Jank
By driller performing actual drilling on site or contractor
Date 2-18-96