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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. 31278

1. OWNER Franz & Sons Const ADDRESS AT WELL LOCATION 1009 E 5th St Carson City, NV 89701
 MAILING ADDRESS 700 Flying Cloud Drive Eaton Prairie, MN 55344
 2. LOCATION NE 1/4, SE 1/4 Sec. 17 T. 15 N. R. 20 E. Carson City County Nevada
 PERMIT NO. 04-042-27 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
<u>Slater 8'</u>				
<u>Depth 57'</u>				
<u>6/21/96 perforated 6" casing to bottom with an operated perforator. Blowing water during perforating.</u>				
<u>6/28/96 set 2" pipe in well with pump. Red Bear + 3/8" pump. mix furnished by Capital City Concrete.</u>				
<u>Ordered 1/2 gal mix. Well took 1/3 gal before filling to refusal.</u>				
<u>Prigged down after removing 6" casing pipe & returned to spec.</u>				
<u>Capital City Concrete</u>				
<u>Red Bear Concrete Pumping</u>				

8. WELL CONSTRUCTION
 Depth Drilled.....Feet Depth Cased 57 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
unk 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)
<u>6</u>		<u>.156</u>	<u>+2</u>	<u>57</u>

Perforations:
 Type perforation unknown
 Size perforation unknown
 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 unknown Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From.....feet to.....feet

9. WATER LEVEL
 Static water level.....8'.....feet below land surface
 Artesian flow.....G.P.M.....P.S.I.
 Water temperature.....°F Quality.....

Date started.....6/21.....1996
 Date completed.....6/28.....1996

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 ADH Pump Co Contractor
 Address Carson City NV 89701 Contractor
 Nevada contractor's license number 51939 issued by the State Contractor's Board 1470
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1420
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date June 28, 1996