

OFFICE USE ONLY
 Log No. 59538
 Permit No. _____
 Basin. 099
 31476

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. _____

1. OWNER Tom MASSEY ADDRESS AT WELL LOCATION 200 Shelland
 MAILING ADDRESS 1125 Huffaker Lane

2. LOCATION NE 1/4 NW 1/4 Sec 15 T. 23 N/S R. 18 E Washoe County
 PERMIT NO. 00559 Parcel No. 078-151-13 Subdivision Name Red Rock
Issued by Water Resources

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 |
|-------------------|--------------|------|-----|------------|
| COURSE white SAND | | 148 | 161 | 13 |
| BROWN D.G. | | 161 | 172 | 11 |
| White GRANITE | | 172 | 246 | 74 |
| Red D.G. | | 246 | 260 | 14 |
| White GRANITE | | 260 | 395 | 135 |
| BROWN D.G. | 3 | 395 | 398 | 3 |
| White GRANITE | | 398 | 465 | 68 |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|--------------|------|-----|
| 11 Inches | 148 | 161 |
| 6 7/8 Inches | 161 | 465 |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 7/8 | 19.8 | 1.88 | 71 | 161 |
| 5 7/8 | 12 | 1.88 | 161 | 465 |

Perforations:

Type perforation FACTORY SLOT
 Size perforation 3/16 x 5

From 140 feet to 160 feet
 From 440 feet to 460 feet

Surface Seal: Yes No Seal Type: Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 60

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

Date started 3-28- 19 96
 Date completed 5-30- 19 96

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|--------------|
| <u>15</u> | | |

9. WATER LEVEL

Static water level 31 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality Good

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 Contractor
 Address 18597 Yucca Ave. Sparks, Nv. 89431 Contractor

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 _____

Signed David E. Jolander
 By driller performing actual drilling on site or contractor

Date 5-28-96