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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. 33225

1. OWNER Mac R. McCoy ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 13820 E. El Bonito Dr. 5700 Jackrabbit Rd.  
Ocean Springs, MS 39564  
 2. LOCATION SW 1/4 NW 1/4 Sec. 11 T. 22 Q/S R. 20 East WASHOE County  
 PERMIT NO. 076-130-11 Relonino V Unit 3 11.2.95  
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
Dark gray volcanic rock soft		100	225	
Weathered white & black granite	x	225	299	
T.D. 299'				

8. WELL CONSTRUCTION  
 Depth Drilled 299 Feet Depth Cased 299 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From Feet	To Feet
<u>7-7/8</u>	<u>199</u>	<u>299</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6-5/8</u>	<u>13.92</u>	<u>.188</u>	<u>299</u>	<u>180</u>

Perforations: Factory Sawn  
 Type perforation \_\_\_\_\_  
 Size perforation 3/32 X 3  
 From 259 feet to 279 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal In place  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 70 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality \_\_\_\_\_

Date started September 30 1996  
 Date completed October 01 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 checked="" type="checkbox"/> Air Lift	<u>20+</u>		<u>1 1/2</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name A.S.A.P. Pump & Well Service, Inc. Contractor  
 Address 1800 1/2 Frazer Avenue Contractor  
Sparks, NV 89431  
 Nevada contractor's license number issued by the State Contractor's Board 35387-A  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509T-1  
 Signed Larry Welch  
 By driller performing actual drilling on site or contractor  
 Date Oct 15, 1996