

OFFICE USE ONLY
 Log No. 65001
 Permit No. 0901
 Basin. PH
 NOTICE OF INTENT NO. 34201

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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

1. OWNER Texaco
 MAILING ADDRESS 5330 Primrose Fair Oaks, California
 ADDRESS AT WELL LOCATION 899 Tahoe Boulevard Incline Village, Nevada
 2. LOCATION SW 15 T 16 N/S R 18 E County
 PERMIT NO. M/O 1053 132-24-4,10,11,23
 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
SILTY GRAVELLY SAND		0	5	
SANDY GRAVEL		5	8	
SILTY MED-FINE SAND		8	12	
GRAVELLY MED-FINE SAND		12	16	
SANDY GRAVEL		16	25	
GRAVELLY MED-FINE SAND		25	39	
BOULDERS		39	43	
GRAVELLY MED-FINE SAND		43	52	
GRAVELLY SAND		52	62	
GRANITIC BOULDERS		62	64	
FINE SAND		64	66	
SANDY GRAVEL		66	68	
CLAYEY MED SAND		68	72	
MED-FINE SANDY CLAY		72	79	
SILTY MED-FINE SAND		79	83	
CLAYEY SILTY MED SAND		83	88	
CLAYEY SILTY SAND		88	95	

8. WELL CONSTRUCTION
 Depth Drilled 95 Feet Depth Cased 94 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 5/8 Inches To 95 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SCH 40</u>	<u>0</u>	<u>94</u>

Perforations:
 Type perforation Slot
 Size perforation .020
 From 59 feet to 94 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 54.5
 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54.5 feet to 94 feet

9. WATER LEVEL
 Static water level 72.6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 STATE ENGINEERS OFFICE

Date started 6/25 19 96
 Date completed 6/26 19 96

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 WSE, Inc. Contractor
 Address P.O. Box 1664 West Sacramento, Ca 95691 Contractor
 Nevada contractor's license number 0034236A issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1937
 Signed [Signature] By Driller performing actual drilling on site or contractor
 Date 8/1/96