

OFFICE USE ONLY  
 Log No. 65885  
 Permit No. 103  
 Basin.....

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. 28039

1. OWNER Dale Sutton ADDRESS AT WELL LOCATION 285 James Dayton NV. 89  
 MAILING ADDRESS 285 James Dayton NV.  
 2. LOCATION SW 1/4 SW 1/4 Sec. 5 T. 16 N. S. R. 2.2 E. Lyon County  
 PERMIT NO. 79-651-04 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden		0	3	3
Coarse Sands		3	27	24
Brown Clay		27	31	4
Coarse obsidian Sands	XX	31	93	62
Brown Clay		93	127	34
Coarse Soft Sands		127	130	3
Brown Gummy Clay		130	135	5
Coarse Sands and Gravels	XXX	135	160	25

8. WELL CONSTRUCTION  
 Depth Drilled 160 Feet Depth Cased 160 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 1 1/4 Inches To 0 Feet 160 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 3/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>160</u>

Perforations:  
 Type perforation Mill Slot  
 Size perforation 3 x 3/32  
 From 140 feet to 160 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 100'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 105 feet to 160 feet

9. WATER LEVEL  
 Static water level: 30 feet below land surface  
 Artesian flow..... G.P.M. 30 P.S.I.  
 Water temperature Warm °F Quality Good

Date started 4-21 1996  
 Date completed 4-22 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>30</u>	<u>45</u>	<u>3 HRS</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name AC H pump Contractor  
 Address 5551 Hwy 50 E #3 Contractor  
Carson City NV-89701  
 Nevada contractor's license number issued by the State Contractor's Board 31839  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905  
 Signed Michael Heck  
 By driller performing actual drilling on site or contractor  
 Date 4-22-96