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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. 33347

1. OWNER Robert Koston ADDRESS AT WELL LOCATION 2363 Cartwright Rd. Virginia City Highlands  
 MAILING ADDRESS 2363 Cartwright Rd. Virginia City Highlands  
 2. LOCATION SW 1/4 NW 1/4 Sec 32 T 18 N/S R 21 E STORV County Virginia Highlands  
 PERMIT NO. 3-014-06 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>dirt-top soil</u>		<u>0</u>	<u>2'</u>	<u>2'</u>
<u>Decomposed Andesite</u>		<u>2'</u>	<u>5'</u>	<u>3'</u>
<u>Hard Andesite</u>		<u>5'</u>	<u>30'</u>	<u>25'</u>
<u>Fractured Andesite</u>	<input checked="" type="checkbox"/>	<u>30'</u>	<u>31'</u>	<u>1'</u>
<u>Hard Andesite</u>		<u>31'</u>	<u>130'</u>	<u>99'</u>
<u>Fractured Andesite</u>	<input checked="" type="checkbox"/>	<u>130'</u>	<u>140'</u>	<u>10'</u>

8. WELL CONSTRUCTION  
 Depth Drilled 140' Feet Depth Cased 140' Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 60' Feet  
8 3/4 Inches 60' Feet 140' Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>1 8/8</u>	<u>5'</u>	<u>140'</u>

Perforations:  
 Type perforation Torch Cut  
 Size perforation 1 8 x 16" 6# Kows  
 From 130' feet to 140' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50' feet to 140' feet

9. WATER LEVEL  
 Static water level 20' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality CLEAR

Date started 7/27/96  
 Date completed 7/29/96

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 checked="" type="checkbox"/> Air Lift	<u>30</u>	<u>gallons per min</u>	<u>min</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Leach Drilling Co Contractor  
 Address PO Box 599 Contractor  
Silver Springs NV 89429  
 Nevada contractor's license number issued by the State Contractor's Board 0031841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740  
 Signed Michael S. Leach  
 By driller performing actual drilling on site or contractor  
 Date July 31/96