

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. 27942

1. OWNER LIGHTNING W GOLF COURSE ADDRESS AT WELL LOCATION 17th TEE
 MAILING ADDRESS _____

2. LOCATION SW 1/4 SE 1/4 Sec 22 T 16 N 19 E WASHOE County
 PERMIT NO. 20648 Issued by Water Resources Parcel No. LIGHTNING W GOLF COURSE 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
HARD, DG		0	65	65
GRANITE, BUT SOFT		65	85	20
SOFTER, BUT IS ROCK		85	100	15
DG, SOFT	0	100	145	45
BACK IN SOFT GRANITE	0	145	165	20
As DG		165	175	10
As SOFTER GRANITE		175	190	15
As DG W LARGER FRAGMENTS		190	200	10
V HARD GRANITE		200	210	10
As DG		210	220	10
SOLID, GRANITE		220	235	15
SOFTER, SOLID, BROKEN GRANITE		235	280	45
HARD, BROKEN, FRACTURED		280	293	13
SOFTER, SOME DRUM CLAY		293	300	7
V HARD		300	315	15
SOFT, THEN INCREASING HARD		315	330	15
V HARD SOME FRACTURES		330	385	55

8. WELL CONSTRUCTION
 Depth Drilled 595 Feet Depth Cased 595 Feet
 HOLE DIAMETER (BIT SIZE)
 From 18 Inches To 105 Feet
12 1/4 Inches 105 Feet 595 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 7/8</u>	<u>22.4</u>	<u>1/4</u>	<u>4.3</u>	<u>295</u>

Perforations:
 Type perforation SAUCUT / SCREEN
 Size perforation 3 X 3/2 0050
 From 295 feet to 455 feet
 From 455 feet to 595 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 100 feet to 595 feet

9. WATER LEVEL
 Static water level: _____ feet below land surface
 Artesian flow No G.P.M. _____ P.S.I.
 Water temperature 52 °F Quality _____

Date started 2/22 1995
 Date completed 10/1 1995

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>150+</u>		<u>20</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name NEVADA DRILLING, INC Contractor
 Address 75 LEWERS CRK RD Contractor
WASHOE VALLEY, NV 89704
 Nevada contractor's license number 13697A
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1790
 Division of Water Resources, the on-site driller
 Signed Joe Reisk
 By driller performing actual drilling on site or contractor
 Date 10/29/95

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 64442
Permit No.
Basin.
NOTICE OF INTENT NO. 27992

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER MAILING ADDRESS ADDRESS AT WELL LOCATION
2. LOCATION 1/4 1/4 Sec T N/S R E County
PERMIT NO. Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED: New Well, Replace, Recondition, Deepen, Abandon, Other
4. PROPOSED USE: Domestic, Municipal/Industrial, Irrigation, Monitor, Test, Stock
5. WELL TYPE: Cable, Rotary, RVC, Air, Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CONTINUED				
PROGRESSIVELY SOFTER TO 470 HARD, BROKEN	⊗	385	470	85
SOFTER, BROKEN		470	480	10
HARDER TO V HARD W INTERVALS OF FRACTURES OR BROKEN GRANITE		515	595	80

8. WELL CONSTRUCTION
Depth Drilled... Feet Depth Cased... Feet
HOLE DIAMETER (BIT SIZE)
From To
Inches Feet Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
Perforations:
Type perforation...
Size perforation...
From... feet to... feet
Surface Seal: Yes No Seal Type: Neat Cement, Cement Grout, Concrete Grout
Placement Method: Pumped, Poured
Gravel Packed: Yes No
From... feet to... feet

Date started... 19...
Date completed... 19...

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name... Contractor
Address... Contractor
Nevada contractor's license number issued by the State Contractor's Board...
Nevada driller's license number issued by the Division of Water Resources, the on-site driller...
Signed... By driller performing actual drilling on site or contractor
Date...

RECEIVED
06 JAN 17 AM 11:21
STATE ENGINEERS OFFICE