

OFFICE USE ONLY
 Log No. 64963
 Permit No. _____
 Basin. 085

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. 33231

1. OWNER Byron Wholey ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 60412 200 Agua Fria
Reno, NV 89506 Sparks, NV 89436
 2. LOCATION NW 1/4 NE 1/4 Sec. 30 T. 21 N. R. 21 East Washoe County
 PERMIT NO. 076-380-64
 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
Brown D.G.		0	20	20
Multi colored volc. (rock soft)		20	35	15
Brown clay & multi colored volc. rock		35	55	20
Brown clay & multi colored round grav.		55	130	75
Multi colored volc. Brown clay & multi colored volc. rock		130	150	20
Yellowish brown clay (sticky)		150	170	20
Brown clay & black volcanic rock		170	195	25
Multi colored clay stone (soft)	X	195	210	15
Multi colored volc. rock (hard)		210	225	15
Orange & brown clay (soft)		225	230	5
Multi colored volc. rock (soft)	X	230	249	10
		240	382	142
T.D. 382'				

8. WELL CONSTRUCTION
 Depth Drilled 382' Feet Depth Cased 382' Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 50' Feet
8 1/2 Inches 50' Feet 382' Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.92	188	+ 1 1/2	382'

Perforations:
 Type perforation Factory Sawed
 Size perforation 3/32 X 3
 From 352' feet to 372' feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 382' feet to 50' feet

9. WATER LEVEL
 Static water level 300 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °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 A.S.A.P. Pump & Well Service, Inc. Contractor
 Address 1800 1/2 Frazer Ave. Contractor
Sparks, NV 89431
 Nevada contractor's license number 0035387-A issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1509
 Signed [Signature]
 By Driller performing actual drilling on site or contractor
 Date Nov 5, 1996

Date started October 28, 19 96
 Date completed November 04, 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 checked="" type="checkbox"/> Air Lift	<u>20</u>		<u>2 hrs.</u>