

OFFICE USE  
 Log No. 65118  
 Permit No. \_\_\_\_\_  
 Basin. 102

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. 30075

1. OWNER Daniel Green ADDRESS AT WELL LOCATION 3220 Hope  
40 Box 07 SS. NV 89428  
 2. LOCATION SW 1/4 SW 1/4 Sec. 4 T. 17 N/S R. 25 E County \_\_\_\_\_  
 PERMIT NO. 17-115-04 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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  RVG  
 Air  Other Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>17</u>	<u>17</u>
<u>Sand Clay</u>		<u>17</u>	<u>21</u>	
<u>Clay</u>		<u>21</u>	<u>25</u>	
<u>Clay Sand</u>		<u>25</u>	<u>107</u>	
<u>Sand</u>		<u>107</u>	<u>151</u>	
<u>Sand Gravel</u>		<u>121</u>	<u>138</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 138 Feet Depth Cased 138 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 138 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 5/8</u>	<u>133</u>	<u>1.88</u>	<u>1</u>	<u>138</u>

Perforations:  
 Type perforation Taper Cut  
 Size perforation 3/16 x 6 x 6 # now  
 From 130 feet to 136 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 138' feet

9. WATER LEVEL  
 Static water level 35 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature C °F Quality Good

Date started 6/12/94  
 Date completed 6/10/94

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>55-60</u>	<u>3'</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 Green Drilling Contractor  
 Address 40 599 Contractor  
SS NV 89428  
 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 1874  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6/20/94