

OFFICE USE ONLY
 Log No. 167832
 Permit No. _____
 Basin 10
8996

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. 37786

1. OWNER CASEY Development ADDRESS AT WELL LOCATION 6150 COV Rd
 MAILING ADDRESS 4240 Reno Hwy Fallon NV 89406

2. LOCATION D.W. 1/4. Q.W. 1/4 Sec 18 T. 19 N/S R 28 E Churchill County
 PERMIT NO. 008-113-54 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other Plg.

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	Thick-ness
<u>Pulled protector casing out of hole</u>				
<u>Ran 4" bit drilled out shoe pulled out</u>				
<u>Ran 1 1/2" tubing pumped 20 c/f neat cement</u>				
<u>Pulled tubing, pulled 4" pipe 20 ft</u>				
<u>Ran 1 1/2" tubing T/ 40' pump 20 c/f neat cement</u>				
<u>Pulled remaining 4" pipe, ran 1 1/2" pipe, pump 10 c/f neat cement</u>				
<u>Total 50 c/f neat cement</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Feet	Inches
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 6-1 19 92
 Date completed 6-1 19 92

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 Ray Lani Contractor
 Address 1185 Pine Fallon nv Contractor

Nevada contractor's license number issued by the State Contractor's Board 42145
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1744

Signed Ray Lani
 By driller performing actual drilling on site or contractor

Date _____