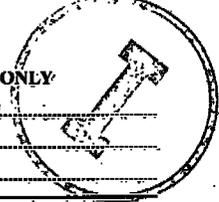


OFFICE USE ONLY
 Log No. **68738**
 Permit No. _____
 Basin **212**



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. **16804**
 On **McLeod South**

1. OWNER **LUP** ADDRESS AT WELL LOCATION **22 W. King**
 MAILING ADDRESS **44905 Decatur**
LL NV 89103

2. LOCATION **S 2 N 1/2 Sec. 13, 24 T. 21 N. R. 6 E.** County _____
 PERMIT NO. **DW 1039** 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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Silt		0	8	8
Clay		8	9	1
Sand & Clay		9	20	11
Sand & gravel		20	22	2
Sand & Clay		22	50	28

8. WELL CONSTRUCTION
 Depth Drilled **50** Feet Depth Cased **50** Feet

HOLE DIAMETER (BIT SIZE)
 From **24** Inches **0** Feet **50** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PUC	5/16	0	50

Perforations:
 Type perforation **Std**
 Size perforation **3/8**
 From **30** feet to **50** 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 **0** feet to **50** feet

9. WATER LEVEL
 Static water level **20** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **64** °F Quality **Good**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Darius Maitland** Contractor
 Address **536 E. Maitland**
 Nevada contractor's license number **0031246** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1958**
 Signed _____
 Date **1-17-96**

Date started **1-17-96**
 Date completed **1-17-96**

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 type="checkbox"/> Air Lift			

