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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. 35227

1. OWNER R.D. Lange
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION 3135 Citrus Street
Silver Springs, NV. 89429
 2. LOCATION NE 1/4 NW 1/4 Sec 25 T 18 N/S R 24 E County _____
 PERMIT NO. 15-171-03
 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 Hand

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>36</u>	
<u>Coarse Sand</u>		<u>36</u>	<u>62</u>	
<u>Tan Clay</u>		<u>62</u>	<u>94</u>	
<u>Coarse Fine Sand</u>		<u>94</u>	<u>132</u>	
<u>Coarse</u>		<u>132</u>	<u>155</u>	

8. WELL CONSTRUCTION
 Depth Drilled 155 Feet Depth Cased 132 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 7/8 Inches To 0 Feet 155 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 1/2</u>	<u>13.00</u>	<u>3/16</u>	<u>+1</u>	<u>155</u>

Perforations:
 Type perforation Interval cuttings
 Size perforation 1 1/2 x 6.009 spaced
 From 145 feet to 153 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 6-8 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 155 feet

9. WATER LEVEL
 Static water level 46 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 Frank Dinius Inc Contractor
 Address P.O. Box 599 Contractor
Silver Springs NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0051841
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 15-171-03
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-6-97

Date started 6-7, 1997
 Date completed 6-6, 1997

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
<u>30</u>			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

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 STATE ENGINEER'S OFFICE