

OFFICE USE ONLY
 Log No. 71611
 Permit No. 107
 Basin 107

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. 28162

1. OWNER Tom Widdley Construction ADDRESS AT WELL LOCATION 19 Grant Drive
 MAILING ADDRESS Upper Colony Rd
Smith Valley Wellington NV.
 2. LOCATION SE 1/4 SE 1/4 Sec 29 T. 12 N. S. R. 23 E. Lyon County
 PERMIT NO. 9-021-15 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	Thick-ness
Boulders, Cobbles with loose sands		0	55	55
Brown clay DG Sands DG Granite		55	70	15
Course Sands and Cobbles, Gravel		70	130	60
Strings of Brown Clay		130	175	45
HARD Granite Boulders w/strings of clay		175	190	15
Broken fractures of DG Boulders	XXXX	190	220	30

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 220 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>13.03</u>	<u>.188</u>	<u>0</u>	<u>220</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3x 3/32
 From 200 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 70 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 70 feet to 220 feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. 22-24 P.S.I.
 Water temperature Low °F Quality Good

Date started 4-12 1998
 Date completed 4-15 1998

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>22-24</u>	<u>50</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 Capital City Well Drilling Contractor
 Address 20 Kit Kat Dr
Carson City NV 89706 Contractor
 Nevada contractor's license number 41775
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael Haek
 By driller performing actual drilling on site of contractor
 Date 4-15-98