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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. 37776

1. OWNER Freddy Christson ADDRESS AT WELL LOCATION 2395 Beaver
 MAILING ADDRESS 2395 Beaver Carson City, NV 89704
 2. LOCATION SE 1/4 NW 1/4 Sec 31 T. 17 Q/S R. 20 EAST WASHOE County
 PERMIT NO. 050-388-05 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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
White & orange fine sand w/orange clay		0	20	20
Multi colored gravels w/fine sand		20	35	15
Gray clay w/course sand		35	45	10
Green clay w/multi colored course sand		45	55	10
Gray clay		55	65	10
Gray clay w/fine sand		65	70	5
Brown clay		70	95	25
Multi colored gravels & fine sand	X	95	108	13
Gray clay w/multi colored fine sand		108	112	4
Multi colored large gravels & fine sand	X	112	122	10
Multi colored course sand w/purple clay		122	123	1
Multi colored course sand w/gravels		123	130	7
Green, white, black decomposed granite		130	140	10
Black, white, green granite hard		140	150	10
T.D. 150'				

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10-5/8 Inches To 0 Feet 150 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13.92	.188	+1 1/2	150

Perforations:
 Type perforation Johnson Screen
 Size perforation .030
 From 1.00 feet to 1.10 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
 Volclay II
 Gravel Packed: Yes No
 From 150 feet to 50 feet

9. WATER LEVEL
 Static water level 50' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

Date started June 20, 1998
 Date completed June 22, 1998

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M.		
<u>12</u>		<u>6 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 A.S.A.P. Pump & Well Service Inc. Contractor
 Address P.O. Box 60130 Contractor
Reno, NV 89506
 Nevada contractor's license number issued by the State Contractor's Board 35387-A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2066
 Signed Kathy Welch
 By driller performing actual drilling on site or contractor
 Date 7-14-98