

OFFICE USE ONLY
 Log No. 71862
 Permit No. _____
 Basin 102
 NOTICE OF INTENT NO. 35177

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

1. OWNER Wayne Dietzen ADDRESS AT WELL LOCATION CITRUS ST SILVER SPRINGS NV
 MAILING ADDRESS 17460
SILVER SPRINGS NV
 2. LOCATION SE 1/4 NW 1/4 Sec 13 T 17 N/S R 24 E County CLATSOP
 PERMIT NO. 17-234-15 Issued by Water Resources Parcel No. 15 Subdivision Name Butte #2

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 Model

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Gravelly Soil</u>		<u>0</u>	<u>11</u>	<u>11</u>
<u>Dark Sand</u>		<u>11</u>	<u>48</u>	
<u>Clay Gravel</u>		<u>48</u>	<u>92</u>	
<u>Gravel</u>		<u>92</u>	<u>143</u>	
<u>Clay Gravel</u>		<u>143</u>	<u>249</u>	
<u>Bedrock</u>	<u>X</u>	<u>249</u>	<u>300</u>	
<u>Fracture Broken</u>				

8. WELL CONSTRUCTION
 Depth Drilled 360 Feet Depth Cased 301 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
105/8 Inches 1 Feet 68 Feet
83/16 Inches 68 Feet 240 Feet
6 Inches 240 Feet 360 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>13</u>	<u>1.88</u>	<u>1</u>	<u>260</u>
<u>5 1/2</u>	<u>9 1/2</u>	<u>1.88</u>	<u>260</u>	<u>360</u>

Perforations:
 Type perforation Mill Drill
 Size perforation 3/16 x 6 x
 From 300 feet to 360 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 10'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 243 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 6 °F Quality Good

Date started 5/23/98 19____
 Date completed 5/26/98 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>12-14</u>		<u>244</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name John Drilling Inc Contractor
 Address P.O. 599 Contractor
SS. NV 8942
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed Wayne Dietzen
 By driller performing actual drilling on site or contractor
 Date 6/9/98

RECEIVED
 98 JUN 10 AM 10:00
 STATE ENGINEERS OFFICE