

OFFICE USE ONLY
 Log No. 72340
 Permit No. _____
 Basin 105

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. 38856

1. OWNER Betty Koehler ADDRESS AT WELL LOCATION 1008 Dresslerville Rd
 MAILING ADDRESS P.O. Box 847 Barstowville, NV 89410
 2. LOCATION S41 1/4 SW 1/4 Sec 10 T 12 N R 20 E Douglas County
 PERMIT NO. 27-180-80 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 none

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>old 6" existing well</u>		<u>0</u>	<u>118</u>	<u>118</u>
<u>Brown Sand Clay</u>		<u>118</u>	<u>153</u>	<u>35</u>
<u>Volcanic Fractured Obsidian Gravels</u>		<u>153</u>	<u>195</u>	<u>42</u>
		<u>195</u>	<u>205</u>	<u>10</u>
<u>Obsidian Sands and Gravels</u>	<u>XX</u>	<u>205</u>	<u>225</u>	<u>20</u>
<u>Hard Bed Rock</u>		<u>225</u>	<u>230</u>	<u>5</u>

8. WELL CONSTRUCTION
 Depth Drilled 130 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 1/8 Inches To 115 Feet 230 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>11.00</u>	<u>.188</u>	<u>90</u>	<u>230</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3x3/32
 From 170 feet to 230 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 105 feet below land surface
 Artesian flow _____ G.P.M. 20 P.S.I.
 Water temperature Cold °F Quality Good

Date started 8-19, 1998
 Date completed 8-20, 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>20</u>	<u>60</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 Carlton Edy Well Drilling
 Address 40 N. 1st DR. Carson City NV 89706
 Nevada contractor's license number 41745
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-20-98