

OFFICE USE ONLY
 Log No. 72815
 Permit No. _____
 Basin. _____

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. 38838

1. OWNER J.M. Warringer ADDRESS AT WELL LOCATION 5569 Camus Rd Carson City NV 89701
 MAILING ADDRESS 743 Ruth St. Carson City NV 89701
 2. LOCATION SE 1/4 NW 1/4 Sec. 23 T. 15 S. R. 20 E Carson County
 PERMIT NO. 010-111-08 Parion Hills Subdivision Name
 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
<u>Coarse DG</u>		<u>0</u>	<u>35</u>	<u>35</u>
<u>Brown Clay</u>		<u>35</u>	<u>70</u>	<u>35</u>
<u>GD Sands</u>		<u>70</u>	<u>85</u>	<u>15</u>
<u>Open Cavern</u> <u>Lost Correlation of</u> <u>Mud</u>		<u>85</u>	<u>90</u>	<u>5</u>
<u>Grayish Clay</u>		<u>90</u>	<u>100</u>	<u>10</u>
<u>Volcanic Sands</u> <u>and Gravels</u>	<u>XX</u>	<u>100</u>	<u>140</u>	<u>40</u>

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 1/4 Inches To 0 Feet 140 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>1.88</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Mult. Slot
 Size perforation 3x3/32
 From 120 feet to 140 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 105 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 105 feet to 140 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. 257 P.S.I.
 Water temperature Hot °F Quality Good

Date started 9-4 1998
 Date completed 9-7 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>257</u>	<u>30</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 issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed Michael L. Haek
 By driller performing actual drilling on site or contractor
 Date 9-10-98