

OFFICE USE ONLY
Log No. 73159
Permit No. _____
Basin _____
037
NOTICE OF INTENT NO. 38901

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 Desert Wells Inc ADDRESS AT WELL LOCATION 8475 TAHOE AVE
MAILING ADDRESS 8500 Hwy 50 W
Stargate NV 89429
2. LOCATION $\frac{1}{4}$ SE 4 $\frac{1}{4}$ Sec. 11 T. 17 N/S R. 23 E. LYON County
PERMIT NO. 19-781-01 Subdivision Name DESERT WELLS ESTATE
Issued by Water Resources LF1 Parcel No. _____

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	3	3
BROWN Clay		3	78	75
Sand + Gravel	X	78	88	10
BROWN Clay		88	108	20
Sand + Gravel	X	108	118	10
BROWN Clay		118	138	20
Sand + Gravel	X	138	158	20
BROWN Clay		158	165	7
SAND + GRAVEL	X	165	180	15

8. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 180 Feet
HOLE DIAMETER (BIT SIZE)
From 12 Inches To 53 Feet
From 8 Inches To 180 Feet
From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 7/8</u>	<u>16.92</u>	<u>.188</u>	<u>0</u>	<u>180</u>

Perforations:
Type perforation Factory Slots
Size perforation 3/32
From 130 feet to 170 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

9. WATER LEVEL
Static water level 40 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature COLD °F Quality UNKNOWN

Date started 23 FEB 19 98
Date completed 17 MAR 19 98

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20+</u>	<u>0</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Barnes Well Drilling
Address P.O. Box 1307
DAYTON NJ 89403
Nevada contractor's license number #30040
issued by the State Contractor's Board
Nevada driller's license number issued by the 1634
Division of Water Resources, the on-site driller
Signed Bobby L Barnes
By driller performing actual drilling on site or contractor
Date 17 MAR 98

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98 JUL 13 AM 9:07
STATE ENGINEERS OFFICE