

OFFICE USE ONLY
 Log No. 74604
 Permit No. 103
 Basin 35102

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. 35102

1. OWNER Steve Lincoln ADDRESS AT WELL LOCATION Nelley Court Dayton NV
 MAILING ADDRESS PO Box 2441 Carson City NV 89202
 2. LOCATION SE 1/4 NW 1/4 Sec 33 T. 17 N/S R. 22 E L 40 County
 PERMIT NO. 16-042-19 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 rod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>29</u>	
<u>Clay</u>		<u>29</u>	<u>41</u>	
<u>Clay Gravel</u>		<u>41</u>	<u>83</u>	
<u>Clay Pan</u>		<u>83</u>	<u>110</u>	
<u>Gravels with some sand</u>	<input checked="" type="checkbox"/>	<u>110</u>	<u>120</u>	

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 120 Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.00</u>	<u>3/16</u>	<u>+1</u>	<u>120</u>

Perforations:
 Type perforation Touch Cut
 Size perforation 1 1/2" x 6 Rows
 From 110 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 3-50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 120 feet

9. WATER LEVEL
 Static water level 53 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °F Quality _____

Date started 12-26 1998
 Date completed 12-27 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>Produced</u>	<u>30</u>	<u>6 P.M.</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leash Drilling Inc Contractor
 Address PO Box 599 Silver Springs NV 89429 Contractor
 Nevada contractor's license number 0031841 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877
 Signed William Leash By driller performing actual drilling on site or contractor
 Date 12-27-98

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 99 FEB - 1 AM 11:15
 STATE ENGINEERS OFFICE