

OFFICE USE ONLY
 Log No. 77006
 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. 24823

1. OWNER Steve Moore Construction ADDRESS AT WELL LOCATION 11691 Devon ckt
 MAILING ADDRESS 2401 East 5th St Minden NV 89423
Carson City NV 89701

2. LOCATION NE 1/4 SW 1/4 Sec. 2 T. 13 20 E Douglas County
 PERMIT NO. 23-090-79 Sunrise Pass Subdivision Name
 Issued by Water Resources 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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden Blaw Sands</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Hard Pan DG Sands</u>		<u>3</u>	<u>78</u>	<u>75</u>
<u>DG Sands coarse Sands</u>		<u>78</u>	<u>136</u>	<u>58</u>
<u>Brown Sand Clay Strata</u>		<u>136</u>	<u>196</u>	<u>60</u>
<u>Coarse to Fine DG Sands</u>		<u>196</u>	<u>205</u>	<u>9</u>
<u>Brown Clay</u>		<u>205</u>	<u>239</u>	<u>34</u>
<u>Fractured DG Sands</u>		<u>239</u>	<u>270</u>	<u>41</u>

8. WELL CONSTRUCTION
 Depth Drilled 270 Feet Depth Cased 270 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 270 Feet
 Inches Feet 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>1.188</u>	<u>0</u>	<u>270</u>

Perforations:
 Type perforation Mill slot
 Size perforation 3 x 3/2
 From 270 feet to 270 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 270 feet

9. WATER LEVEL
 Static water level: 145 feet below land surface
 Artesian flow _____ G.P.M. 30+ P.S.I.
 Water temperature Cold °F Quality Good

Date started 9/14, 19 99
 Date completed 9/17, 19 99

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30+</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 _____
Capital City Well Drilling
 Address 20 Kit Kat Drive
Carson City, NV 89706

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 Z. Jack
 By driller performing actual drilling on site or contractor
 Date 9/22/99

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 09 SEP 24 AM 8:09
 STATE ENGINEER'S OFFICE