

OFFICE USE ONLY
 Log No. 78160
 Permit No. 103
 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. 26834

1. OWNER Rick Doeberle Custom Homes ADDRESS AT WELL LOCATION 107 Rancho Rd
 MAILING ADDRESS Minden NV. 89423 Dayton NV. 89447

2. LOCATION NW 1/4 SW 1/4 Sec. 16 T. 16 N. R. 22 E. Lyon County
 PERMIT NO. 019-541-05 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>Overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Hard Pan Brown Clay</u>		<u>3</u>	<u>14</u>	<u>11</u>
<u>Course DG Sands</u>		<u>14</u>	<u>74</u>	<u>60</u>
<u>Brown Clay Sandy</u>		<u>74</u>	<u>143</u>	<u>69</u>
<u>Brown Gummy Clay</u>		<u>143</u>	<u>187</u>	<u>44</u>
<u>Fractured Gravel Strata off and on Course Gravels</u>	<u>xxx</u>	<u>187</u>	<u>210</u>	<u>23</u>

8. WELL CONSTRUCTION
 Depth Drilled 210 Feet Depth Cased 210 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 210 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>63/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>210</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3 x 3/32
 From 190 feet to 210 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 210 feet

9. WATER LEVEL
 Static water level: 69 feet below land surface
 Artesian flow _____ G.P.M. 30 P.S.I.
 Water temperature Cold °F Quality Good

Date started 11-23, 1999
 Date completed 11-26, 1999

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>30</u>	<u>45</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 Contractor
Carson City NV. 89706
 Nevada contractor's license number 41775
 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 Michael Z Hoek
 By driller performing actual drilling on site or contractor
 Date 12-2-99

RECEIVED
 99 DEC 20 AM 8:33
 STATE ENGINEERS OFFICE