

OFFICE USE ONLY  
 Log No. 78278  
 Permit No. 177  
 Basin 177

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. 31384

1. OWNER Sammy Thompson ADDRESS AT WELL LOCATION Clover Valley  
 MAILING ADDRESS 1 Box 337 Wells Nevada  
 2. LOCATION Sec 50 1/4 N 1/4 Sec 28 T 35 N/S R 62 E 31/4 County  
 PERMIT NO. 008-320-015 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy soil		0	3	
Clay		3	17	
Thin sand & clay		17	37	
Gravel		37	52	
Clay		62	75	
Sand		75	85	
Clay		85	-	

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 100 Feet  
 From 0 Feet To 100 Feet  
 From 0 Feet To 100 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.92</u>	<u>1.85</u>	<u>+1</u>	<u>99</u>

Perforations:  
 Type perforation Factory  
 Size perforation 1/8 x 4"  
 From 90 feet to 100 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 60  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 26' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold °F Quality Good

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name R.D. Reynolds Contractor  
 Address Wells, NV Contractor

Nevada contractor's license number issued by the State Contractor's Board 014410  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1390  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 7/13/99

Date started 7/9, 1999  
 Date completed 7/9, 1999

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>15</u>	<u>40</u>	<u>1</u>