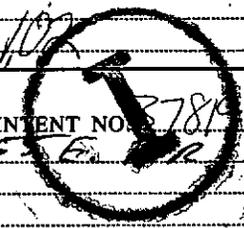


OFFICE USE ONLY  
 Log No. 78330  
 Permit No. 102  
 Basin 102

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. 7819  


1. OWNER Coard LTR ADDRESS AT WELL LOCATION Ave  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NE 1/4 NW 1/4 Sec 6 T 17 N/S R 25 E County  Lyon  
 PERMIT NO. 17-055-05 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 mucl

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>6</u>	
<u>Clay</u>		<u>6</u>	<u>123</u>	
<u>Gravel</u>		<u>123</u>	<u>162</u>	
<u>Clay</u>		<u>162</u>	<u>172</u>	
<u>Coarse Sand</u>		<u>172</u>	<u>180</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 180 Feet Depth Cased 180 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 105/16 Inches 0 Feet 180 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>13.00</u>	<u>3/16</u>	<u>+1</u>	<u>20</u>
<u>65/8</u>	<u>3.00</u>	<u>5/16</u>	<u>20</u>	<u>180</u>

Perforations:  
 Type perforation Spill Saw  
 Size perforation 1 1/4 x 6 long 9 holes  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 172' feet to 180' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 0-50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 180 feet

9. WATER LEVEL  
 Static water level 93 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 12-1, 1999  
 Date completed 12-2, 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>Produced about</u>	<u>50 GPM</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Leach Drilling Inc Contractor  
 Address P.O. Box 599 Contractor  
Silver Springs NV - 89429  
 Nevada contractor's license number issued by the State Contractor's Board 0031841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1997  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 12-2-99

RECEIVED  
 99 DEC 4 AM 11:06  
 STATE ENGINEERS OFFICE