

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. 90762

1. OWNER John Silberman ADDRESS AT WELL LOCATION 4845 Quince Silver Springs, Nv.
MAILING ADDRESS _____
2. LOCATION NW 1/4 SW 1/4 Sec 33 T. 18N N/S R. 27 E. 270N County _____
PERMIT NO. 15-201-06 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 RVQ
 Air Other 1 1/2"

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Top Soil</u>		<u>0</u>	<u>4</u>	
<u>Gravel Drift</u>		<u>4</u>	<u>22</u>	
<u>Cemented Gravel</u>		<u>22</u>	<u>380</u>	
<u>Loose Sandstone Gravel</u>		<u>380</u>	<u>470</u>	

8. WELL CONSTRUCTION
Depth Drilled 470 Feet Depth Cased 470 Feet
HOLE DIAMETER (BIT SIZE)
From To
1 1/2" Inches 0 Feet 60 Feet
3/4" Inches 60 Feet 470 Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8"</u>	<u>12.00</u>	<u>3/16</u>	<u>71</u>	<u>38</u>
<u>6 7/8"</u>	<u>3.40</u>	<u>1/4"</u>	<u>38</u>	<u>470</u>

Perforations:
Type perforation Stiff Saw
Size perforation 1 1/4 x Class 4 Rows
From 380 feet to 470 feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
Depth of Seal 0-50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 50 feet to 470 feet

9. WATER LEVEL
Static water level 258 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 1-19 2000
Date completed 1-20 2000

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>15</u>	<u>6 PM</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 577 Silver Springs, Nv. 89909 Contractor
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: _____
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 1-21-00