

OFFICE USE ONLY
 Log No. 18930
 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. 26841

1. OWNER Gary Matthews ADDRESS AT WELL LOCATION 2718 Me DR
 MAILING ADDRESS Minden W. 89423 Minden W. 89423

2. LOCATION NW 1/4 NW 1/4 Sec. 35 T 14 S R 20 E Douglas County
 PERMIT NO. 21-260-340 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	Thickness
Soft Blow Sands		0	3	3
Interbedded Sands and Gravels		3	18	15
Coarse Sands and DC Gravels		18	76	58
Brown Clay		76	143	67
Brown Clay w/smooth DC Sands		143	186	43
Gray Sandy clay		186	265	79
Gray Gummy Clay		265	295	30
Green & White DC Sands	XX	295	320	

8. 320' WELL CONSTRUCTION
 Depth Drilled ~~250'~~ 320' Feet Depth Cased 320' Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 0 Feet 100 Feet
9 7/8 Inches 100 Feet 320 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>320</u>

Perforations:
 Type perforation Mill Slot
 Size perforation 3/32
 From 3.00 feet to 320 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 320 feet

9. WATER LEVEL
 Static water level: 160 feet below land surface
 Artesian flow _____ G.P.M. 20-22 P.S.I.
 Water temperature 79 °F Quality Good

Date started 1-26 _____
 Date completed 1-30 _____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20/22</u>	<u>600</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 KID KAT DR. Carson City NV 89706 Contractor
 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 W. Paul Yack By driller performing actual drilling on site or contractor
 Date 1-30-00