

OFFICE USE ONLY
 Log No. 2979174
 Permit No. 107
 Basin 107

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. _____

1. OWNER Denny Felick ADDRESS AT WELL LOCATION 29 Augustus Glen, Wellington
 MAILING ADDRESS P.O. Box 116, Wellington, Nev. 89444
 2. LOCATION S 1/4 NE 1/4 Sec. 35 T. 12 N/S R. 23 E. Lyon County
 PERMIT NO. 10-141-11 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	Thick-ness
<u>sandy clay top soil</u>		0	14	14
<u>yellow sand & clay</u>		14	27	13
<u>sand fine</u>	yes	27	65	38
<u>course sand</u>	yes	65	85	20
<u>fine sand</u>	yes	85	130	45
<u>course water sand & pebbles</u>	yes	130	160	30
<u>gravel</u>	yes	130	160	30

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</u>	0	50	0	50
<u>6</u>	50	160	50	160

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>188</u>	<u>188</u>	0	160

Perforations:
 Type perforation Factory Sewer Slatt
 Size perforation _____
 From 120 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature 64 °F Quality good

Date started Feb 4 - 2000
 Date completed Feb 12 - 2000

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20</u>	<u>5 ft</u>	<u>3</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Contractor
 Address P.O. Box 92 Smith
Nev. 89430
 Nevada contractor's license number issued by the State Contractor's Board 32166
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Edmund Miller
 By driller performing actual drilling on site or contractor
 Date March 15 2000