

Log No. 81052
 Permit No. _____
 Basin. 107

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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. 33427

1. OWNER Ralph Mantz ADDRESS AT WELL LOCATION Mo 2, Nevada
 MAILING ADDRESS P.O. Box 406 Millington Nev. 89444 IN: Millington Nev. 89444
 2. LOCATION SW 1/4 NE 1/4 Sec. 33 T. 12 N. S. R. 23 E. Lyon County
 PERMIT NO. 09-034-08 Parcel No. _____ Subdivision Name Pine Nut Estates
 Issued by Water Resources _____

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
<u>alluvial Rock + silt</u>		<u>0</u>	<u>110</u>	<u>110</u>
<u>sharp gravel + sand</u>	<u>yes</u>	<u>110</u>	<u>128</u>	<u>18</u>
<u>hard packed D-C</u>		<u>128</u>	<u>186</u>	<u>58</u>
<u>Sharp gravel + coarse sand</u>	<u>yes</u>	<u>186</u>	<u>225</u>	<u>39</u>

8. WELL CONSTRUCTION
 Depth Drilled 225 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>		<u>1 5/8</u>	<u>0</u>	<u>220</u>

Perforations:
 Type perforation factory saw slot
 Size perforation 3/32 x 3
 From 180 feet to 220 feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 105 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started June 30
 Date completed July 15

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>20</u>	<u>5 ft</u>	<u>1 hr.</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 Mills Drilling
 Address P.O. Box 92 Smith Nev. 89430
 Contractor _____

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 Mills
 By driller performing actual drilling on site or contractor
 Date July 17 06