

OFFICE USE ONLY
 Log No. 81872
 Permit No. 02
 Basin. I
 NOTICE OF INTENT NO. 4450

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

1. OWNER Mick Casey
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION 2590 7th St
Silver Springs, Nevada
 2. LOCATION SW 1/4 NE 1/4 Sec. 17 T. 17 N/S R. 25 E Wyon County
 PERMIT NO. 17-332-15
 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 rod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>58</u>	
<u>Silty Sand</u>		<u>58</u>	<u>131</u>	
<u>Gray Clay</u>		<u>131</u>	<u>159</u>	
<u>Tan Clay</u>		<u>159</u>	<u>170</u>	
<u>Brown Gravel</u>		<u>170</u>	<u>180</u>	

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 105/8 Inches To 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>71</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 Soil Saw
 Size perforation 1 1/4 x 6 long slow
 From 170 feet to 180 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 52 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-21
 Date completed 7-22

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 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 Legish Drilling Inc
 Address P.O. Box 579
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 1877
 Signed Matthew D. Hall
 By driller performing actual drilling on site or contractor
 Date 7-23-00

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 STATE ENGINEERS OFFICE