

OFFICE USE ONLY
 Log No. 8379
 Permit No. _____
 Basin. _____

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. 511578

1. OWNER Albert Johnson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION SE 1/4 N 1/4 Sec 17 T. 17 N/S R. 25 E Lyon County _____
 PERMIT NO. NA Issued by Water Resources Parcel No. 17-392-09 Subdivision Name Stocketon Sub H

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	Thick-ness
Sand		1	18	
Clay		18	36	
Gravel		36	49	
Clay		49	126	
Gravel 3/8 min		126	149	
Clay		149	157	
Sand		157	172	
Gravel	X	172	220	

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 1 10 1/8 Inches To 1 Feet 220 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 5/8</u>	<u>13</u>	<u>1.58</u>	<u>1</u>	<u>20</u>
<u>6 5/8</u>	<u>PRC</u>	<u>SH40</u>	<u>80</u>	<u>220</u>

Perforations:
 Type perforation Machine Perf
 Size perforation 3/16 x 4 x 4 # round perf
 From 200 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 51' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 51 feet to 220' feet

9. WATER LEVEL
 Static water level 34' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature C °F Quality Good

Date started 3/10/01 19_____
 Date completed 3/12/01 19_____
 RECEIVED
 01 APR - 3 AM 11:08
 STATE ENGINEERING OFFICE

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>60-65</u>	<u>6 1/2 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 Jason Driscoll Inc Contractor
 Address PO 299 Contractor
58. W. 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 1876
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3/29/01