

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 90415
 Permit No. _____
 Basin 107

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 49501

1. OWNER Perry Urton ADDRESS AT WELL LOCATION 227 Chapel
 MAILING ADDRESS _____
 2. LOCATION Sw 1/4 SW 1/4 Sec 22 T 11 N/S R. 24 E Lyon County
 PERMIT NO. _____ Issued by Water Resources 609-152-04 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
SAND		0	8	8
BROWN CLAY		8	16	8
BROWN CLAY-MEDIUM GRAVEL		16	41	25
BROWN CLAY-SAND	X	41	94	53
FINE GRAVEL		94	106	12
LARGE GRAVEL	X	106	138	22
GRAY SANDY CLAY		138	162	24
MEDIUM GRAVEL	X	162	200	38

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
105/8 Inches From 0 Feet To 200 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>14</u>	<u>.188</u>	<u>+1</u>	<u>200</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" x 3"
 From 180 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 102 ft Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 102 feet to 200 feet

9. WATER LEVEL
 Static water level 76 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD Quality CLEAR

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
 Address _____ Contractor

Nevada contractor's license number 46498 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the onsite driller 2167
 Signed Jack Watson By driller performing actual drilling on site or contractor
 Date _____

Date started _____, 20 ____
 Date completed _____, 20 ____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>12-15</u>		<u>1.5</u>

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