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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. 11/15

1. OWNER LLP ADDRESS AT WELL LOCATION on corner
 MAILING ADDRESS LLP
 2. LOCATION 36 1/4 54 1/4 Sec. 9 T. 15 N. R. 20 E. 20 20 05 County
 PERMIT NO. 104 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other.....
 4. PROPOSED USE New water
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other BKT

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	3	3
Silty Sand		3	29	26
Clay		29	31	2
Silty Sand		31	36	5

8. WELL CONSTRUCTION
 Depth Drilled 36 Feet Depth Cased 36 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 36 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>16</u>

Perforations:
 Type perforation slot
 Size perforation .030
 From _____ feet to _____ feet
 From 16 feet to 36 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 5 feet to 36 feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge
 Name LLP Contractor
 Address LLP Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources the on-site driller M-1968
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 11-9-03

Date started 10-30, 2003
 Date completed 10-30, 2003

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 type="checkbox"/> Air Lift			

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