

OFFICE USE ONLY
 Log No. 92070
 Permit No. _____
 Basin. 105
 NOTICE OF INTENT NO. 53369

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 Mike Murphy ADDRESS AT WELL LOCATION 1398 WINDMILL RD
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 N 1/4 Sec. 5 T 12 N/S R 21 E Douglas County
 PERMIT NO. 1221-05-001-024 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
DIRT/CLAY		0	12	12
COBBLES		12	22	10
GRAVEL		22	50	28
SANDY BROWN CLAY		50	125	75
FRACTURED ROCK	X	125	138	13
STREAKY CLAY-GRAVEL		138	168	30
STICKY BROWN CLAY		168	185	17
FRACTURED ROCK	X	185	192	7
STICKY BROWN CLAY		192	200	8
FRACT ROCK-GRAVEL	X	200	240	40

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
105/8 Inches 0 Feet 150 Feet
9/2 Inches 150 Feet 240 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>+1.5</u>	<u>240</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" X 3"
 From 220 feet to 240 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 58 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 58 feet to 240 feet

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

Date started 5 JAN 2004
 Date completed 7 JAN 2004

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>25+</u>		<u>1.0</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Blain Drilling & Pump Co.
 Address P.O. Box 1235 Carson Contractor NV 89702
 Nevada contractor's license number issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 By driller performing actual drilling on site or contractor
 Date _____