

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 92770
 Permit No. _____
 Basin 108

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 57649

1. OWNER Dunayne Bishop ADDRESS AT WELL LOCATION Verdon
 MAILING ADDRESS Sunset Hills
277 Sunset Hills Dr

2. LOCATION NE 1/4 SW 20 1/4 Sec. 14 T. 14 N/S R. 25 E. 4000 County

PERMIT NO. 04-251-12 Issued by Water Resources Parcel No. 14 251-12 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other well

6. LITHOLOGIC LOG

Material	Water Strain	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>4</u>	
<u>Sand Gravel</u>		<u>4</u>	<u>118</u>	
<u>Gravel Clump Tan</u>		<u>118</u>	<u>141</u>	
<u>Gravel Boulder</u>		<u>141</u>	<u>157</u>	

8. WELL CONSTRUCTION
 Depth Drilled 157 Feet Depth Cased 187 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 15 1/2 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>13.00</u>	<u>3/16</u>	<u>0</u>	<u>20</u>
<u>6 5/8</u>	<u>8.00</u>	<u>5/16</u>	<u>20</u>	<u>157</u>

Perforations:
 Type perforation Soil Pack
 Size perforation _____
 From 100 feet to 170 feet
 From 170 feet to 157 feet
 From _____ feet to _____ 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 157 feet

Date started 2-25 19 09
 Date completed 3-1 19 09

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>	<u>0.00</u>	

9. WATER LEVEL
 Static water level 8F 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 Leads Drilling Inc Contractor
 Address PO Box 549 Contractor
Silver Springs NV 89409

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 _____
 By driller performing actual drilling on site or contractor
 Date 3-1-09

RECEIVED
 MAR 24 AM 10:50
 STATE ENGINEERS OFFICE

Plugged By Well Log 125899