



Log No. 92963
 Permit No. _____
 Basin 103

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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. 53365

1. OWNER Sue Ketterhagen ADDRESS AT WELL LOCATION 119 WAGON WHEEL
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 20 T. 17 N/S R. 22 E Storey County
 PERMIT NO. 003-316-18 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-ROCK		0	28	28
COBBLES		28	78	50
CLAY - BROWN		78	100	22
GRAVEL	X	100	120	20
FRACTURED ROCK		120	140	20
FRAC ROCK-BR CLAY		140	175	35
FRACTURED ROCK		175	235	60
FRAC ROCK-BR CLAY	X	235	270	35

8. WELL CONSTRUCTION
 Depth Drilled 270 Feet Depth Cased 270 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 50 Feet
9 7/8 Inches 50 Feet 270 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>14</u>	<u>1.88</u>	<u>71</u>	<u>270</u>

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 STATE ENGINEERS OFFICE

Perforations:
 Type perforation Factory milled / TORCH CUT
 Size perforation 3/32" x 3" 1 1/8" x 6"
 From _____ feet to _____ feet
 From 230 feet to 250 feet **TC**
 From 250 feet to 270 feet **FM**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 61 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 61 feet to 270 feet

Date started 23 JAN 2004
 Date completed 27 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 type="checkbox"/> Air Lift	<u>20-22</u>		<u>1.5</u>

9. WATER LEVEL
 Static water level 102 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F 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 Blain Drilling & Pump Co.
P.O. Box 1255
 Address Carson City, 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 Nelson
 By driller performing actual drilling on site or contractor
 Date _____