



Log No. 92988
 Permit No. _____
 Basin 103

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

NOTICE OF INTENT NO. 53373

1. OWNER Ron Allard ADDRESS AT WELL LOCATION 11505 SENECA
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec. 8 T. 17 N/S R. 23 E. Lyon County
 PERMIT NO. 15-355-28 Issued by Water Resources _____ 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
<u>DIRT-GRAVEL</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>BROWN CLAY-GRAVEL</u>		<u>8</u>	<u>23</u>	<u>20</u>
<u>BROWN CLAY-ROCK</u>		<u>23</u>	<u>122</u>	<u>99</u>
<u>FRACTURED ROCK</u>	<input checked="" type="checkbox"/>	<u>122</u>	<u>155</u>	<u>33</u>
<u>BROWN SANDY CLAY</u>		<u>155</u>	<u>165</u>	<u>10</u>
<u>STREAKY CLAY-GRAVEL</u>	<input checked="" type="checkbox"/>	<u>165</u>	<u>200</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 199 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 200 Feet
10 5/8 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>14</u>	<u>.188</u>	<u>41</u>	<u>199</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" x 3"
 From _____ feet to _____ feet
 From 180 feet to 199 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 200 feet

9. WATER LEVEL
 Static water level 87 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.
 Address P.O. Box 1255 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 Watson by driller performing actual drilling on site or contractor
 Date _____

Date started 2 Feb, 2004
 Date completed 4 Feb, 2004

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>15-18</u>		<u>1.5</u>	

RECEIVED
 ON FEB 20 PM 2:16
 STATE ENGINEERS OFFICE