



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. 53361

1. OWNER Robert Johns ADDRESS AT WELL LOCATION 185 MARY LANE RD
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SW 1/4 Sec 20 T 17 N/S R 22 E Storey County
 PERMIT NO. 103-293-05 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 / ROCK</u>		<u>0</u>	<u>62</u>	<u>62</u>
<u>LAVA ROCK</u>		<u>62</u>	<u>100</u>	<u>38</u>
<u>STREAKY CLAY-LAVA ROCK</u>		<u>100</u>	<u>108</u>	<u>8</u>
<u>FRACTURED BLACK ROCK</u>		<u>108</u>	<u>205</u>	<u>97</u>
<u>BROWN CLAY-LAVA</u>		<u>205</u>	<u>235</u>	<u>30</u>
<u>LAVA ROCK</u>		<u>235</u>	<u>295</u>	<u>60</u>
<u>LAVA ROCK GRAVEL</u>		<u>295</u>	<u>325</u>	<u>30</u>

8. WELL CONSTRUCTION
 Depth Drilled 325 Feet Depth Cased 325 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 75 Feet
9 7/8 Inches 75 Feet 225 Feet
8 3/4 Inches 225 Feet 325 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>.188</u>	<u>+1</u>	<u>325</u>

Perforations:
 Type perforation Factory Milled / TORCH CUT
 Size perforation 5/32" x 13" / 1/8" x 6"
 From _____ feet to _____ feet
 From 285 feet to 305 feet TC FM
 From 305 feet to 325 feet
 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 325 feet

9. WATER LEVEL
 Static water level 233 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD Quality CLEAR

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started 27 JAN 2004
 Date completed 2 FEB 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>18-20</u>		<u>160</u>

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 Wilson By driller performing actual drilling on site or contractor
 Date _____

RECEIVED
 04 FEB 20 PM 2:16
 STATE ENGINEERS OFFICE