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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. 5339

1. OWNER Mack Const. ADDRESS AT WELL LOCATION 832 JENNA CT
 MAILING ADDRESS _____ CARSON CITY, NV

2. LOCATION SW 1/4 SE 1/4 Sec 5 T 14 N/S R 20 E County _____
 PERMIT NO. _____ Issued by Water Resources 009-82225 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
<u>DIRT-ROCK</u>		<u>0</u>	<u>14</u>	<u>14</u>
<u>BROWN SANDY CLAY</u>	<u>X</u>	<u>14</u>	<u>32</u>	<u>18</u>
<u>DG</u>		<u>32</u>	<u>98</u>	<u>66</u>
<u>STREAKY DG-DG CLAY</u>	<u>X</u>	<u>98</u>	<u>146</u>	<u>48</u>
<u>DG</u>	<u>X</u>	<u>146</u>	<u>200</u>	<u>54</u>

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
11 Inches 0 Feet 200 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 5/8</u>	<u>14</u>	<u>1/88</u>	<u>+1</u>	<u>200</u>
4 1/2	4	5/16	9	22

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" X 3"

From _____ feet to _____ feet
180 feet to 200 feet
 _____ feet to _____ feet
 _____ feet to _____ feet
 _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 103 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 103 feet to 200 feet

9. WATER LEVEL
 Static water level 18 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 6 APR 2004
 Date completed 9 APR 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<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. INC.
 Address _____ P.O. Box 1255
 Contractor
 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 _____