

OFFICE USE ONLY
 Log No. 74403
 Permit No. _____
 Basin 105


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 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. 52861

1. OWNER MARC GANNE ROYST ADDRESS AT WELL LOCATION 1012 STEPHANIE WAY
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec 26 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. 142026-401-004 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
SAND		0	15	15
BROWN CLAY-GRAVEL		15	98	83
GRAVEL	X	98	116	18
BROWN CLAY-GRAVEL	X	116	266	150
MEDIUM GRAVEL	X	266	320	54

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 checked="" type="checkbox"/> Air Lift	<u>15-18</u>		<u>1.5</u>

8. WELL CONSTRUCTION
 Depth Drilled 320 Feet Depth Cased 320 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 0 Feet 320 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>.188</u>	<u>+1</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR 21</u>	<u>20</u>	<u>320</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation D4.5" x 4"
 From _____ feet to _____ feet
 From 280 feet to 320 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 Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 53 feet to 320 feet

9. WATER LEVEL
 Static water level 175 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 12 Aug 2004
 Date completed 13 Aug 2004

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 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 _____