

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 95311
 Permit No. _____
 Basin 102

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 53565

1. OWNER Teresa Y Adron ADDRESS AT WELL LOCATION 6155 ELM ST.
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SW 1/4 Sec. 6 T. 17 N/S R. 25 E. LYON County
 PERMIT NO. 17-131-03 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
SANDY CLAY		0	6	6
BROWN CLAY-GRAVEL		6	24	18
GRAY CLAY		24	111	87
BLACK SILTY CLAY		111	146	35
BLACK GRAVEL-SAND		146	191	45
BROWN CLAY-GRAVEL		191	210	19

8. WELL CONSTRUCTION
 Depth Drilled 210 Feet Depth Cased 210 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 0 Feet 210 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>1.188</u>	<u>16</u>	<u>10</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR 26</u>	<u>10</u>	<u>210</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation .045" X 4"
 From _____ feet to _____ feet
 From 290 feet to 210 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 54 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54 feet to 210 feet

9. WATER LEVEL
 Static water level 39 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 23 Sep 2004
 Date completed 24 Sep 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 checked="" type="checkbox"/> Air Lift	<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 PO. 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 Orton
 By driller performing actual drilling on site or contractor
 Date _____