

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 95423
 Permit No. _____
 Basin 102
 NOTICE OF INTENT NO. 53443

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Robert Manafort ADDRESS AT WELL LOCATION 2340 FOX ST
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SW 1/4 Sec 29 T. 17 N/S R. 25 E Lyon County
 PERMIT NO. _____ Issued by Water Resources 17-532-06 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	Thickness
<u>Soft Clay</u>		<u>0</u>	<u>25</u>	<u>25</u>
<u>Thick Clay</u>	///	<u>25</u>	<u>120</u>	<u>45</u>
<u>Clay Gravel</u>	///	<u>120</u>	<u>165</u>	<u>45</u>
<u>Thick Clay</u>		<u>165</u>	<u>190</u>	<u>25</u>

8. WELL CONSTRUCTION
 Depth Drilled 190 Feet Depth Cased 190 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 190
11 Inches 0 Feet 190 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>19</u>	<u>.188</u>	<u>+1</u>	<u>10</u>
<u>6 3/8</u>	<u>4</u>	<u>SOR 21</u>	<u>10</u>	<u>190</u>

Perforations:
 Type perforation Grader cut
 Size perforation 0.40" x 4"
 From _____ feet to _____ feet
 From 120 feet to 150 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 56' Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50' feet to 190 feet

9. WATER LEVEL
 Static water level 35' 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 _____ Contractor
BLAIN DRILLING & PUMP CO. INC.
 Address _____ P.O. Box 1255
Carson City, NV 89702
 Nevada contractor's license number 416498
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2276
 Signed [Signature]
 by driller performing actual drilling on site or contractor
 Date _____

Date started 8-3, 20 04
 Date completed 8-4, 20 04

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>25.5</u>		<u>2</u>

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 04 SEP 14 PM 3:04
 STATE ENGINEERS OFFICE