



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. 32320

1. OWNER Bill Carlson ADDRESS AT WELL LOCATION 9001 #102
 MAILING ADDRESS Via Catalina Silver Springs NV 89929
 2. LOCATION NE 1/4 SE 1/4 Sec. 25 T. 17 N/S R. 24 E. Lyon County
 PERMIT NO. 17-545-03 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
Sand & clay		0	100	
gray clay		100	160	
Brown clay & gravel		160	180	
gravel	b	180	240	

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 240 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>13</u>	<u>188</u>	<u>+1</u>	<u>20</u>
<u>0"</u>		<u>SDR 21</u>	<u>20</u>	<u>240</u>

Perforations:
 Type perforation saw cut
 Size perforation 5 1/8
 From _____ feet to _____ feet
 From 200 feet to 220 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 60 feet to 240 feet

RECEIVED
 05 APR 28 AM 11:01
 STATE ENGINEERS OFFICE

Date started 9-15-05, 20____
 Date completed 9-17-05, 20____

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>204</u>	<u>100</u>	<u>4 Hrs</u>

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.0 °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 Leach Drilling Inc. Contractor
 Address BX 5995 Silver Springs NV 89929 Contractor
87425
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1678
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-19-05