

OFFICE USE ONLY
Log No. 98020
Permit No. _____
Basin 107

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. 54198

1. OWNER Sunshine Const. ADDRESS AT WELL LOCATION LOT 707 Santa Sophia
MAILING ADDRESS _____ 80 Santa Sophia
2. LOCATION W 1/4 SE 1/4 Sec. 27 T. 11 N/S R. 23 E. 140N Douglas County
PERMIT NO. 009-231-07 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
CLAY-DG		0	22	22
BROWN STICKY CLAY		22	50	28
DG	X	50	63	13
BLACK GRITTY CLAY		63	68	5
BLACK MUSHY CLAY		68	90	22
GRAVEL-FINE	X	90	100	10
MEDIUM GRAVEL	X	100	108	8
GRAY MUCKY CLAY		108	124	16
BROWN DG		124	130	6
MEDIUM GRAVEL	X	130	152	22
BR CLAY + GRAVEL	X	152	162	10
GRAVEL	X	162	194	32
BR DENSE SANDY CLAY		194	200	6

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>.188</u>	<u>71</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>20</u>	<u>200</u>

Perforations:
Type perforation GRINDER CUT
Size perforation 104.5" X 4"
From _____ feet to _____ feet
From 180 feet to 200 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 Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 53 feet to 200 feet

9. WATER LEVEL
Static water level 27 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature COLD °F Quality CLEAR

Date started 17 OCT 05, 20 _____
Date completed 17 OCT 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 checked="" type="checkbox"/> Air Lift	<u>25+</u>		<u>1.5</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 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 Dotson
By Driller performing actual drilling on site or contractor
Date 27 OCT 05