

OFFICE USE ONLY
 Log No. 98023
 Permit No. _____
 Basin 102

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. SG200

1. OWNER Gary Sinox ADDRESS AT WELL LOCATION 4235 BARLOW AVE
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 33 T. 18 N. R. 24 E. 1/4 NW County _____
 PERMIT NO. 018-492-04
 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
DIRT-GRAVEL		0	28	28
LARGE GRAVEL		28	61	33
BROWN CLAY-GRAVEL		61	173	112
BROWN STICKY CLAY		173	210	37
BROWN CLAY GRAVEL		210	228	18
FRACTURED ROCK	<input checked="" type="checkbox"/>	228	244	16
FINE GRAVEL	<input checked="" type="checkbox"/>	244	262	18
BLACK SANDY CLAY	<input checked="" type="checkbox"/>	262	315	53
BLACK MEDIUM GRAVEL	<input checked="" type="checkbox"/>	315	330	15
BROWN CLAY		330	355	25
MEDIUM GRAVEL	<input checked="" type="checkbox"/>	355	400	45

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 50 Feet
9 7/8 Inches 50 Feet 400 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>1.88</u>	<u>1</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>20</u>	<u>400</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation 10 4/5" x 4"
 From _____ feet to _____ feet
 From 360 feet to 400 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 52 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 52 feet to 400 feet

9. WATER LEVEL
 Static water level 168 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 4 Oct 05, 20 _____
 Date completed 7 Oct 05, 20 _____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<u>20-25</u>			<u>2</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 10 Oct 05