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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. 56475

1. OWNER Bill Underbar ADDRESS AT WELL LOCATION 942 HEAVENLY VIEW
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NW 1/4 Sec 17 T. 12 N/S R. 20 E Douglas County
 PERMIT NO. 1220-17-501-029 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 - ROCK		0	8	8
COBBLES		8	60	52
MED / LARGE GRAVEL		60	140	80
MEDIUM GRAVEL	X	140	178	38
SMALL / FINE GRAVEL	X	178	210	32

8. WELL CONSTRUCTION
 Depth Drilled 210 Feet Depth Cased 210 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
11 Inches 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>1.88</u>	<u>1</u>	<u>10</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>10</u>	<u>210</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation 1.045" x 4"
 From _____ feet to _____ feet
 From 180 feet to 210 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 56 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 56 feet to 210 feet

9. WATER LEVEL
 Static water level 81 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD F Quality CLEAR

Date started 22 NOV 05, 20 _____
 Date completed 23 NOV 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 _____ Contractor
 Address BLAIN DRILLING & PUMP CO. INC.
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 Watson
 By driller performing actual drilling on site or contractor
 Date 28 NOV 05

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 STATE ENGINEERS OFFICE