

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 101430
 Permit No. _____
 Basin 103

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.348

NOTICE OF INTENT NO. 54190

1. OWNER Dorothy Dempsey & Jeanne Minivella ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4595 HACKAMORE

2. LOCATION NW 1/4 NW 1/4 Sec 34 T 18 N/S R 23 E Lyon County
 PERMIT NO. 15-061-06 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
<u>DIRT-ROCK</u>		<u>0</u>	<u>26</u>	<u>26</u>
<u>BR CLAY-GRAVEL</u>		<u>26</u>	<u>142</u>	<u>116</u>
<u>BLACK FRAC ROCK</u>		<u>142</u>	<u>215</u>	<u>73</u>
<u>BLACK CLAY-GRAVEL</u>		<u>215</u>	<u>268</u>	<u>53</u>
<u>BLACK GRAVEL</u>		<u>268</u>	<u>320</u>	<u>52</u>

8. WELL CONSTRUCTION
 Depth Drilled 320 Feet Depth Cased 320 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 75 Feet
 From 9 7/8 Inches To 75 Feet 320 Feet
 From _____ Inches To _____ 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>+1</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>20</u>	<u>320</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation .045" X 4"
 From _____ feet to _____ feet
 From 240 feet to 320 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 54 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54 feet to 320 feet

9. WATER LEVEL
 Static water level 255 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 29 AUG, 2005
 Date completed 1 SEP, 2005

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>8-10</u>		<u>3.5</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 **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 Watson
 By driller performing actual drilling on site or contractor
 Date 7 Sep 05