

OFFICE USE ONLY
 Log No. 42058
 Permit No. _____
 Basin 8-105
 NOTICE OF INTENT NO. 20860

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

1. OWNER Ken Gardner ADDRESS AT WELL LOCATION 2885 OLD RANCH RD, GARD NU
 MAILING ADDRESS PO BOX 2210 GARD NU
 2. LOCATION NE 1/4 NE 1/4 Sec 14 T 12 N/S R 21 E Douglas County
 PERMIT NO. 35-010-30 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 & SAND		0	25	
ROCKS		25	50	
SAND		50	100	
SAND & GRAVEL		100	110	
GRAVEL		110	125	
SAND (course)		125	145	
SAND & light gravel	X	145	185	
CLAY & SAND		185	210	
CLAY		210	220	
CLAY & SAND	XX	220	260	
CLAY		260	285	
CLAY & Gravel		285	305	

93 JUL 30 AM 11:03
 STATE ENGINEER

8. WELL CONSTRUCTION
 Depth Drilled 305 Feet Depth Cased 305 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
9 7/8 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.5 lbs	.188	0	305

Perforations:
 Type perforation Factory Peef & back cut
 Size perforation 3" x 5/32"
 From 305 feet to 285 feet
 From 265 feet to 245 feet
 From 115 feet to 135 feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 305 feet to 50 feet

9. WATER LEVEL
 Static water level 141 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6-10, 1993
 Date completed 6-24, 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
Air	20	—	2 1/2 hrs
Bailor	20	-180/39)	2 hrs

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Kauchack Drilling Inc
 Address P.O. Box 1359
minden, NV 89423
 Nevada contractor's license number #021268
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the #1495
 Division of Water Resources, the on-site driller.
 Signed Michael Allen
 By driller performing actual drilling on site or contractor
 Date _____