WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 42173
Permit No.
Basin 6-87

NOTICE OF INTENT NO. 23572

1. OWNER EXXON CO USA
MAILING ADDRESS POST OFFICE BOX 4415
HOUSTON, TEXAS 77210

ADDRESS AT WELL LOCATION SPARKS EXXON STATION
205 NORTH McCARREN BLVD
SPARKS, NEVADA 89431

2. LOCATION SE ¼ SE ¼ Sec. 4 T. 19 N/S R. 20 E. WASHOE County
PERMIT NO M/O-612/DRT NV-03 (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	Thickness
INSTALLED PACKER				
AT 35 FEET AND				
PRESSURE PUMPED				
NEAT CEMENT AT				
120 PSI				
REMOVED PACKER				
AND FINISHED GROUTING				
WELL TO SURFACE				

'93 JUL 19 P1:12 STATE ENGINEER

Date started JUNE 29, 19 93
Date completed JUNE 29, 19 93

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4		PVC	0	37

Perforations:
Type perforation .020 Slot
Size perforation
From 37 feet to 52 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

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

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name SARGENT IRRIGATION COMPANY (Contractor)
Address 9955 NORTH VIRGINIA STREET (Contractor)
RENO, NEVADA 89506
Nevada contractor's license number issued by the State Contractor's Board 21246
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1482
Signed [signature] (By driller performing actual drilling on site or contractor)
Date JULY 15, 1993

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627