

OFFICE USE ONLY
 Log No. 42049
 Permit No. 8-105
 Basin. 8-105
 NOTICE OF INTENT NO. 20855

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 Mike Hickey Const. ADDRESS AT WELL LOCATION 1270 Old Faithfull Rd.
 MAILING ADDRESS PO Box 1420 Minden, NV
 2. LOCATION SW 1/4 SW 1/4 Sec. 3 T. 12 N. R. 19 E Douglas County
 PERMIT NO. 19-390-31 Parcel No. N/A 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
SAND DG		0	30	
SAND & ROCK	X	30	50	
ROCK & Boulders	X	50	90	
ROCK & SANDSTONE	X	90	100	
ROCK & Boulders	X	100	160	

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
9 7/8 Inches From 0 Feet To 160 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>12.5 lbs</u>	<u>.13</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Industry Feet
 Size perforation 3" x 5 1/2"
 From _____ feet to _____ feet
 From 160 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 160 feet to 100 feet

9. WATER LEVEL
 Static water level 29 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 Krausback Drilling Inc
 Address PO Box 1359
MINDEN NV
 Nevada contractor's license number issued by the State Contractor's Board #022268
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 21495
 Signed Michael Allen
 By driller performing actual drilling on site or contractor
 Date 8-8-93

Date started 8-2, 19 93
 Date completed 8-8, 19 93

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)			
<u>AIR</u>	<u>50 gpm</u>	<u>-</u>	<u>2 hrs</u>			

'93 SEP -9 AM 1:18
 RECEIVED
 STATE ENGINEERS OFFICE