

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

OFFICE USE ONLY
 Log No. _____
 Permit No. _____
 Basin **8-105**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **25368**

1. OWNER **Doug Murphy** ADDRESS AT WELL LOCATION **Parcel C USGB Dependant**
 MAILING ADDRESS **18616 Hilton Ct. Canyon Country Calif 91351** **6mi. South of Gard. HWY 395**
 2. LOCATION **NE 1/4 NE 1/4 Sec 5 T 11 N/S R 21 E Douglas** County
 PERMIT NO. **35-070-27** 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 & Rock		0	20	
Rock		20	45	
SAND & ROCKS		45	110	
SAND GRAVEL & ROCKS		110	150	
GRAVEL & ROCKS	X	150	180	
CLAYS & ROCKS		180	240	
CLAY SAND & ROCK	XX	240	280	
ROCKS	XX	280	345	
GRAVEL CLAY & ROCK		345	385	
ROCK & GRAVEL	XX	385	420	

'93 DEC 28 P 2:24
 STATE ENGINEER 1600

8. WELL CONSTRUCTION
 Depth Drilled **420** Feet Depth Cased **420** Feet
 HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches **0** Feet **420** Feet
 _____ 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	.208	0	420

Perforations:
 Type perforation **Factory & hand cut**
 Size perforation **2 x 5/32"**
 From **420** feet to **400** feet
 From **380** feet to **360** feet
 From **340** feet to **320** feet
 From **280** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **420** 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 _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Kawchuck Driller Inc** Contractor
 Address **Box 1359 Minden NV** Contractor
 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/Resouces, the on-site driller.
 Signed **Michael Allen**
 By driller performing actual drilling on site or contractor
 Date **11-4-93**

Date started **10-21**, 19**93**
 Date completed **11-3**, 19**93**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	20-30	20 ft.	4 hrs.