

OFFICE USE ONLY
 Log No. 43789
 Permit No. _____
 Basin 8-102

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

NOTICE OF INTENT NO 2400

1. OWNER John P. Murray ADDRESS AT WELL LOCATION 1465 Green St. Silver Springs Nv 89429
 MAILING ADDRESS 1465 Green St. Silver Springs Nv 89429
 2. LOCATION NW 1/4 SE 1/4 Sec. 1 T 17 N/S R. 24 E LYON County
 PERMIT NO. 17-071-17 Parcel No. MOUNTAIN VIEW SUB #2 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>Brown Surface Soil</u>	<u>F</u>	<u>0</u>	<u>5</u>	<u>5</u>
<u>Fine to coarse Brown sand</u>	<u>F</u>	<u>5</u>	<u>12</u>	<u>7</u>
<u>Fine to coarse Brown sand + some Brown clay</u>	<u>F</u>	<u>12</u>	<u>25</u>	<u>13</u>
<u>Hard coarse Brown + Black Sand</u>	<u>F</u>	<u>25</u>	<u>130</u>	<u>130</u>
<u>In to water at about 84 Feet</u>				

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 155 Feet Depth Cased 155 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 155 Feet
11" 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)
<u>6 5/8</u>		<u>.188</u>	<u>7</u>	<u>135</u>

Perforations:
 Type perforation MILL
 Size perforation 3/32
 From 134 feet to 155 feet
 From _____ feet to _____ 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 50 feet to 155 feet

9. WATER LEVEL
 Static water level 70 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started 10-8- 1993
 Date completed 10-10 1993

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	<u>18</u>	<u>2</u>	<u>2 Hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ACE Drilling & Development Contractor
 Address P.O. Box 668 Silver Springs Nv. 89429 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 14299
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 726
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-12-1993