

OFFICE USE ONLY
 Log No. 44015
 Permit No. _____
 Basin E-103
 NOTICE OF INTENT NO. 25203

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 Richard Foley ADDRESS AT WELL LOCATION 205 James Dayton, Nev
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec. 6 T. 16 N/S R. 22 E Lyon County Yuba
 PERMIT NO. 19-472-07 Parcel No. _____ Subdivision Name Sutra Country Lands
 Issued by Water Resources _____

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
<u>Sandy</u>		<u>0</u>	<u>7</u>	<u>7</u>
<u>Yellow clay</u>		<u>7</u>	<u>26</u>	<u>19</u>
<u>Cemented gravel & sand</u>		<u>26</u>	<u>40</u>	<u>14</u>
<u>Saturated gravel & sand w streaks of clay</u>	<u>*</u>	<u>40</u>	<u>150</u>	<u>110</u>

'94 MAR 18 AIO:17
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 150 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>+1</u>	<u>150</u>

Perforations:
 Type perforation Factory
 Size perforation 3/32
 From _____ feet to _____ feet
 From 110 feet to 150 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 150 feet

9. WATER LEVEL
 Static water level 40 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 105 °F Quality Clear

Date started Feb 18, 1994
 Date completed Feb 18, 1994

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>		<u>1 hr</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Enloe Drilling Contractor
 Address P.O. Box 1345 Contractor
Dayton, Nev
 Nevada contractor's license number issued by the State Contractor's Board 4739A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1480
 Signed Lee A. Enloe
 By driller performing actual drilling on site or contractor
 Date Feb 21 1994