

OFFICE USE ONLY
 Log No. 44323
 Permit No. _____
 Basin B-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. 24662

1. OWNER Bill G. Davis ADDRESS AT WELL LOCATION 1205 W. 2nd Street
 MAILING ADDRESS 1095-9th St. Silver Springs, NV 89429
 2. LOCATION NW 1/4 NW 1/4 Sec 13 T. 17 N. S. R. 24 E. Lyon County
 PERMIT NO. 17-252-02 Parcel No. _____ Subdivision Name Tyler #1
 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	Thick-ness
sand & gravel & } cobble stones brown } clay }		0	64	64
sand & gravel & } cobble stone }	X	64	100	36

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 STATE ENGINEERS

8. WELL CONSTRUCTION
 Depth Drilled 100 Feet Depth Cased 100 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 100
10 5/8 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>+1</u>	<u>100</u>

Perforations:
 Type perforation Mill
 Size perforation 1/8 x 3
 From 8.0 feet to 100 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 5.0 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 100 feet

9. WATER LEVEL
 Static water level 64 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.8 °F Quality good

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 & Dev. Contractor
 Address P.O. Box 668 Contractor
Silver Springs, NV 89429
 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 H. L. [Signature]
 By driller performing actual drilling on site or contractor
 Date _____

Date started 4/18 1994
 Date completed 4/20 1994

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>6</u>	<u>2</u>