

OFFICE USE ONLY
 Log No. 44538
 Permit No. _____
 Basin. 105

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. 24595

1. OWNER ED MAHONEY ADDRESS AT WELL LOCATION 811 SPRING VALLEY GARDNERVILLE
 MAILING ADDRESS P.O. BOX 401650
HESPERIA, CA
 2. LOCATION NE 1/4 NE 1/4 Sec. 35 T. 11 N. R. 21 E. DOUGLAS County
 PERMIT NO. _____ Parcel No. 35-253-02 Subdivision Name DOUBLE SPRINGS
 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 MVD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	2	2
Aluvial fill w/ sandy clay		2	41	39
Aluvial fill cemented		41	85	44
Sharp gravelly sandy clay		85	113	28
grey dyacite w/ fractures X		113	131	18
grey granite sand cemented		131	134	3
grey dyacite w/ fractures X		134	137	3
purple volcanic fractured XX		137	138 1/2	1 1/2
dyacite fractured R		138 1/2	150	12 1/2

8. WELL CONSTRUCTION
 Depth Drilled 0 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/8 Inches 0 Feet 125 Feet
5 3/4 Inches 125 Feet 150 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>13</u>	<u>1.88</u>	<u>0</u>	<u>125</u>
<u>5</u>	<u>10</u>	<u>1.88</u>	<u>125</u>	<u>150</u>

 Perforations:
 Type perforation Factory Slotted T.C.
 Size perforation 3.1 3/32
 From T.C. 85 feet to 105 feet
 From Factory 105 feet to 125 feet
 From Factory _____ feet to _____ feet
 From Factory 5" 125 feet to 150 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 0 feet to 50 feet

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

Date started 3-23 1994
 Date completed 4-6 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>Air</u>	<u>9</u>	<u>-</u>	<u>5 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 EDDCO EXPLORATION, INC Contractor
 Address 7780 CURRY RD. Contractor
FALLON, NV 89406
 Nevada contractor's license number issued by the State Contractor's Board 27673
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1535
 Signed Jerald W. Rhinard
 By driller performing actual drilling on site or contractor
 Date 4-6-94