

OFFICE USE ONLY  
 Log No. 44480  
 Permit No. 02  
 Basin 02

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 INTEREST NO. 24666

1. OWNER Louis Karcher ADDRESS AT WELL LOCATION 3280 Antelope St. Silver Springs, NV 89429  
 MAILING ADDRESS 213 McKinley Place Ridgewood, N.D. 07450  
 2. LOCATION NW 1/4 NW 1/4 Sec. 21 T. 17 N. S. R. 25 E. Lyon County  
 PERMIT NO. 17-374-04 Parcel No. Stockton 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
Brown clay		0	7	7
Fine to coarse sand		7	18	11
Gray Clay		18	26	8
Brown Clay		26	66	40
Fine to coarse sand		66	127	61
Gray Clay	X	127	130	3

'94 MAY 26 AM 10:45  
 RECEIVED  
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled 130 Feet Depth Cased 130 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
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>130</u>

Perforations: Mill  
 Type perforation.....  
 Size perforation 1/8 x 3  
 From 110 feet to 130 feet  
 From..... feet to..... 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  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 130 feet

9. WATER LEVEL  
 Static water level 28 feet below land surface  
 Artesian flow..... G.P.M. P.S.I.  
 Water temperature cold °F Quality good

Date started 5/10 1994  
 Date completed 5/12 1994

7. WELL TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>18</u>	<u>2</u>	<u>2</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 & 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 [Signature]  
 By owner performing actual drilling on site or contractor  
 Date 5/14/94