

44985
OFFICE USE ONLY
Log No. _____
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. 22922

1. OWNER John & Donna Boelle ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 2410 Antelope St. 2410 Antelope St.
Silver Springs, NV. 89429 22 NW 89429
2. LOCATION SE 1/4 NW 1/4 Sec. 20 T. 17 N/S R. 25 E. Lyon County _____
PERMIT NO. N/A 17-4102-02 Clayton Sub 4
Issued by Water Resources Parcel No. 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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	11	11
Sand Clay		11	32	21
Gravel, Clay		32	70	38
Clay (Some Gravel)		70	86	16
Gravel		86	95	9
Clay	155	95	155	50
Gravel	180	155	180	25

94 APR 23 11:24
94 APR 21 11:36
STATE ENGINEER

8. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 181 Feet

HOLE DIAMETER (BIT SIZE)
10 5/8 Inches 180 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>13</u>	<u>1.38</u>	<u>+1</u>	<u>180</u>

Perforations:
Type perforation Mill Perf
Size perforation 3/16 x 3 x 6 open perf
From 160 feet to 180 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 180 feet

9. WATER LEVEL
Static water level 33 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature C °F Quality Good

Date started 3/2/94, 19____
Date completed 3/16/94, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>150 ft</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 Leach Drilling, Inc Contractor
Address P.O. 599 Contractor
S.S. Nr 89429

Nevada contractor's license number issued by the State Contractor's Board 0031841
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876

Signed Daniel Leach
By driller performing actual drilling on site or contractor
Date _____