

OFFICE USE ONLY
 Log No. 44986
 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: 25990

1. OWNER Mike Pinnell ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. BOX 2123 2220 E. Cooper St
Fernley, Nevada 89408 Silver Springs, Nevada 89429
 2. LOCATION SW 1/4 SW 1/4 Sec 20 T 17 N/S R. 25 E 17th County _____
 PERMIT NO. N/A 17-464-05 Lot 61 Clayton Subdivision Name _____
Issued by Water Resources Parcel No.

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	Thickness
<u>Sand</u>		<u>1</u>	<u>15</u>	<u>15</u>
<u>Sand, Gravel</u>		<u>15</u>	<u>60</u>	<u>45</u>
<u>Sand</u>		<u>60</u>	<u>93</u>	<u>33</u>
<u>Sand, Clay</u>		<u>93</u>	<u>134</u>	<u>41</u>
<u>Sand</u>		<u>134</u>	<u>170</u>	<u>36</u>
<u>Coarse Sand, Gravel</u>		<u>170</u>	<u>199</u>	<u>29</u>

94 JUL 12 AM 11:24
 STATE ENGINEERS U.T.

8. WELL CONSTRUCTION
 Depth Drilled 199 Feet Depth Cased 200' Feet
 HOLE DIAMETER (BIT SIZE)
 From 11" Inches To 199 Feet
 _____ Inches _____ Feet
 _____ Inches _____ 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>1.88</u>	<u>71</u>	<u>199</u>

Perforations:
 Type perforation 3/16 x 8 round
 Size perforation 1 inch
 From 179 feet to 199 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 199' feet

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

Date started 7/1/94, 19_____
 Date completed 7/5/94, 19_____

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>80-85</u>	<u>2 1/2 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 Leach Drilling Inc Contractor
 Address P.O. 599 Contractor
SS. NV 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 Pace
 By driller performing actual drilling on site or contractor
 Date 7/5/94