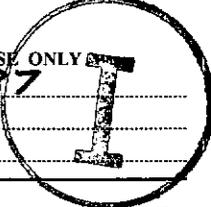


OFFICE USE ONLY
 Log No. **44987**
 Permit No. _____
 Basin **8-102**



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. **19623**

1. OWNER **Bill Betts** ADDRESS AT WELL LOCATION
 MAILING ADDRESS **PO 993** **2465 E. Badger St**
SILVER SPRINGS NV 89429 **SILVER SPRINGS NV 89429**
 2. LOCATION **S.E. 1/4 S.W. 1/4 Sec 20 T. 17** @/S R. **25 E. Lyon** County
 PERMIT NO. **17 464 16** Clayton Sub #1
 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand	NO	0	10	10
Sand + gravel	NO	10	38	28
Saturated fine sand	YES	38	40	2
Sand + gravel	YES	40	53	13
brown clay sand gravel	NO	53	60	7
Sand, twigs, grass	YES	60	73	13
Sand brown clay	NO	73	90	17
gray clay	NO	90	94	4
blue clay	NO	94	98	4
gray clay sand gravel	NO	98	115	17
brn clay	NO	115	118	3
Sand + gravel	YES	118	137	19
fine sand + brn clay	NO	137	138	1

8. WELL CONSTRUCTION
 Depth Drilled **138** Feet Depth Cased **138** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches **0** Feet **50** Feet
6 Inches **50** Feet **138** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6		188	0	138

Perforations:
 Type perforation **factory slotted**
 Size perforation **3/32**
 From **118** feet to **138** 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level **36** feet below land surface
 Artesian flow **NO** G.P.M. _____ P.S.I.
 Water temperature **COLD** °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 **Ed Miller** Contractor
 Address **P.O. 92**
SMITH, NV 89444 Contractor
 Nevada contractor's license number **32166**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1806**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **6-26-94**

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
20+	24	2

 Date started **6 18 94**
 Date completed **6 21 94**

'94 JUL 11 P 1:56
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 STATE ENGINEERS OFFICE