

OFFICE USE ONLY  
 Log No. 59259  
 Permit No. 105  
 Basin. 105  
 I  
 NOTICE OF INTENT NO. 27862

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

1. OWNER Hugh Stockton ADDRESS AT WELL LOCATION 2840 Esaw  
 MAILING ADDRESS PO Box 159 Minden NV  
 2. LOCATION NE 1/4 SW 1/4 Sec. 26 T. 14 N/S R. 20 E. Douglas County  
 PERMIT NO. SW Issued by Water Resources 21-240-51 Parcel No. Johansen 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
Top soil SAND		0	15	
Shale		15	90	
CLAY & SAND		90	110	
Clay Sand & gravel		110	175	
Clay Sand gravel	X	175	200	
Clay		200	215	
Clay & Sand	X	215	250	
CLAYS		250	260	

8. WELL CONSTRUCTION  
 Depth Drilled 260 Feet Depth Cased 260 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 9 7/8 Inches To 0 Feet 260 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 3/8</u>	<u>7</u>	<u>.188</u>	<u>0</u>	<u>260</u>

Perforations:  
 Type perforation Fracture cut  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 240 feet to 220 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 260 feet to 50 feet

9. WATER LEVEL  
 Static water level 170 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cold °F Quality good

Date started 9-23, 1996  
 Date completed 9-27, 1996

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>30+</u>	<u>-</u>	<u>3 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 Kawchack Drilling Inc Contractor  
 Address PO Box 1359 Contractor  
Minden NV 89423  
 Nevada contractor's license number issued by the State Contractor's Board 021268  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1495  
 Signed Michael Allen  
 By driller performing actual drilling on site or contractor  
 Date 9-30-96