

OFFICE USE ONLY
 Log No. 62476
 Permit No. _____
 Basin 103

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. 33719

1. OWNER MIKE BRAY ADDRESS AT WELL LOCATION 2827 Esaw Dr
 MAILING ADDRESS PO Box 2436 Minden NV
 2. LOCATION NE 1/4 SW 1/4 Sec 26 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. 512 21-240-48 Johnson, W.
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
top soil SAND		0	20	
Sand & small rock		20	45	
Clay Sand light gravel		45	55	
Clay & Sand		55	150	
Clay Sand & silts		150	190	
Clay & Sand	X	190	205	
Clay Sand light gravel	X	205	245	
Clay & Sand	X	245	285	
Clay		285	300	

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 9 7/8" To 0
 Inches 0 Feet 300
 Inches _____ Feet _____
 Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>7</u>	<u>.188</u>	<u>0</u>	<u>300</u>

Perforations:
 Type perforation Factory cut
 Size perforation 3" x 5/32"
 From _____ feet to _____ feet
 From 280 feet to 260 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 300 feet to 55 feet

9. WATER LEVEL
 Static water level 181 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started 10-15 1996
 Date completed 10-21 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>50</u>	<u>—</u>	<u>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 Kowchack Drilling Inc Contractor
 Address PO Box 1359 Contractor
Minden NV 89423
 Nevada contractor's license number 021268 issued by the State Contractor's Board
 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 10-21-96

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 STATE ENGINEERING DIVISION