

OFFICE USE ONLY
 Log No. 62479
 Permit No. _____
 Basin 105
 NOTICE OF INTENT NO. 33920

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 MIKE BRAY ADDRESS AT WELL LOCATION 2831 Esaw
 MAILING ADDRESS PO Box 2436 Minden NV 89423 Minden NV
 2. LOCATION NE 1/4 SW 1/4 Sec 26 T. 14 N/S R. 20 E Douglas County
 PERMIT NO. SE 21-240-4877 Johnson Subdivision Name
 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	
Clay Sand & gravel		20	45	
Clay & Sand		45	55	
Clay Sand & light rock		55	70	
Clay & Sand		70	160	
Clay Sand & gravel		160	175	
Clay Sand		175	195	
Clay Sand	X	195	210	
Clay		210	220	
Clay & Sand	X	220	245	
Clay		245	260	
SAND	X	260	280	
CLAY		280	300	

8. WELL CONSTRUCTION
 Depth Drilled 304 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 9 7/8 Inches To 0 Feet 300 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 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:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 300 feet to 55 feet

9. WATER LEVEL
 Static water level 183 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature gold °F Quality good

Date started 10-21, 1996
 Date completed 10-25, 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>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 Ullrich Allen
 By driller performing actual drilling on site or contractor
 Date 10-25-96