

OFFICE USE ONLY
 Log No. 78133
 Permit No. 1105
 Base

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. 43080

1. OWNER GOLLART ADDRESS AT WELL LOCATION 2573 Hwy 395 So. MINDEN, NV 89423
 MAILING ADDRESS 2573 Hwy 395 So. MINDEN, NV 89423
 2. LOCATION NW 1/4 NE 1/4 Sec. 6 T. 13 R. 1320 E DOUGLAS County
 PERMIT NO. 023 020 02 Parcel No. MA 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	Thickness
Abandon Well				
Well Depth 139'				
Pump Bentonite Grout from 139' to 30'				
Pump Neat Cement from 30 to 0				
6" Cased Well				
TOTAL DEPTH OF WELL 139'				
TOOK ROOF COVER OFF				
PULLED PUMP				
PERF. CASING FROM 139' up to ~45'				
PUMP BENTONITE GROUT FROM 139' up to 30 FT. (RAV OUT)				
PUMP NEAT CEMENT FROM 30' up to GL				
SATURDAY WAS THE ONLY DAY GOLLART WOULD ALLOW US ON PROPERTY				

Date started 9-11-99
 Date completed 9-11-99

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ 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

Placement Method: Pumped Poured
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

7. WELL TEST DATA

TEST METHOD	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name NEVADA DRILLING, INC Contractor
 Address 75 LEWERS CRK RD Contractor
WASHOE VALLEY, NV 89704
 Nevada contractor's license number issued by the State Contractor's Board 13697A
 Nevada driller's license number issued by the Division of Water Resources 1790
 Signed Joe Leisek
 By driller performing actual drilling on site or contractor
 Date 10/2/99