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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 79168
 Permit No. 105
 Basin 105
 NOTICE OF INTENT NO. 43063

1. OWNER Jim Kazen Const. ADDRESS AT WELL LOCATION 1321 Cal Court
Gardnerville, Nv.
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SW 1/4 Sec 12 T 12 S R 21 E Douglas County
 PERMIT NO. 35-290-130 Parcel No. Douglas Fish Springs 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay Soil		0	6	6
unsorted cobbles & GRAVEL & SAND		6	95	89
BR CLAY with Med GRAVEL	✓	95	122	27
Well sorted small GRAVEL	✓✓	122	140	18

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 140 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 5/8</u>	<u>13</u>	<u>.188</u>	<u>+2</u>	<u>140</u>

Perforations:
 Type perforation Factory Milled
 Size perforation 1 3/4 x 2 8 Row
 From 120 feet to 140 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 14 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °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 Eddco Exploration Inc. Contractor
 Address 7780 Curry Rd Contractor
Fallon, Nv. 89406
 Nevada contractor's license number 27673A
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1586
 Signed M. Maggard
 By driller performing actual drilling on site or contractor
 Date 3-8-00

Date started 3/1 2000
 Date completed 3-7 2000

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>120</u>		<u>1 hr</u>

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 STATE ENGINEERS OFFICE