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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

NOTICE OF INTENT NO. 44527

1. OWNER Richard King ADDRESS AT WELL LOCATION 64 El Dorado Ave Dayton NV
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NW 1/4 Sec. 37 T. 17 N/S R. 22 E Lyon County _____
 PERMIT NO. 19-191-01 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 MUR

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand & Dirt</u>		<u>0</u>	<u>6'</u>	<u>6'</u>
<u>Clay & Sand</u>		<u>6'</u>	<u>23'</u>	<u>17'</u>
<u>Clay</u>		<u>23'</u>	<u>86'</u>	<u>63'</u>
<u>Clay & Sand</u>		<u>86'</u>	<u>132'</u>	<u>46'</u>
<u>Gravel & Sand</u>	<input checked="" type="checkbox"/>	<u>132'</u>	<u>160'</u>	<u>28'</u>

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 161 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 160' 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>1300</u>	<u>.188</u>	<u>41</u>	<u>20'</u>
<u>6 5/8</u>	<u>1024</u>	<u>.40</u>	<u>20'</u>	<u>160'</u>

Perforations:
 Type perforation Sawed
 Size perforation 1/8 x 4" FOUR ROWS
 From _____ feet to _____ feet
 From 140' feet to 160' 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 50 feet to 160' feet

9. WATER LEVEL
 Static water level 42 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Clean

Date started 4/17/00, 19_____
 Date completed 4/18/00, 19_____

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>75</u>	<u>6pm</u>	<u>Air Lift</u>
	<u>4</u>	<u>hr.</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Full Contractor
 Address Po Box 599 Contractor
Silver Springs NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740
 Signed Nathaniel K. Seal
 _____ Driller performing actual drilling on site or contractor
 Date 5/9/00

RECEIVED
 MAY 10 PM 4:11
 STATE ENGINEERING OFFICE