

OFFICE USE ONLY
 Log No. 79961
 Permit No. 104
 Basin 104

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. 41925
 ADDRESS AT WELL LOCATION: 4680 2nd Clear Creek Rd. Carson City NV 89703

1. OWNER Robert E Sandra Cooke
 MAILING ADDRESS PO Box 2881 Minden NV 89423
 2. LOCATION SW 1/4 SW 1/4 Sec. 34 T 15 S R 19 E Carson County
 PERMIT NO. 007-042-18 Parcel No. Clear Creek 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
<u>overburden</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>DB Sands</u>		<u>3</u>	<u>78</u>	<u>75</u>
<u>Coarse DG Sands Rusty and Colored</u>		<u>78</u>	<u>189</u>	<u>111</u>
<u>Coarse to Fine DG Sands</u>		<u>189</u>	<u>200</u>	<u>11</u>
<u>Coarse and Fractured DG Sands and Gravels</u>		<u>200</u>	<u>235</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled 235 Feet Depth Cased 235 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 0 Feet 235 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>0</u>	<u>235</u>

Perforations:
 Type perforation M 11 Slot
 Size perforation 3 3/32
 From 215 feet to 235 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 6.5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 6.5 feet to 235 feet

9. WATER LEVEL
 Static water level: 140 feet below land surface
 Artesian flow _____ G.P.M. 33 P.S.I.
 Water temperature Cold °F Quality Good

Date started 3-21 1900
 Date completed 3-23 1900

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>33</u>	<u>25</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 Capital City Well Drilling Contractor
 Address 20 Kit Kat DR Carson City NV 89706 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1905
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 3-28-00