

OFFICE USE ONLY
 Log No. 83190
 Permit No. 105
 Basin 105

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. 33620

1. OWNER Karid Dick S ADDRESS AT WELL LOCATION 2050 Mountain Clover
 MAILING ADDRESS 21 Douglas Mountain Clover
 2. LOCATION SW 1/4 NW 1/4 Sec. 4 T. 12 N/S R. 20E E. Douglas County
 PERMIT NO. 35-380-158 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 |
|-------------------------|--------------|------------|------------|------------|
| <u>loose dist. rock</u> | | <u>0</u> | <u>50</u> | <u>50</u> |
| <u>Rock house</u> | | <u>50</u> | <u>140</u> | <u>90</u> |
| <u>rock clay</u> | | <u>140</u> | <u>220</u> | <u>80</u> |
| <u>clay gravel</u> | <u>#</u> | <u>220</u> | <u>245</u> | <u>25</u> |

8. WELL CONSTRUCTION
 Depth Drilled 245 Feet Depth Cased 245 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 245 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>12</u> | <u>1 1/8</u> | <u>+1</u> | <u>245</u> |

Perforations:
 Type perforation finger mill
 Size perforation 3/32
 From _____ feet to _____ feet
 From 210 feet to 245 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 245 feet

9. WATER LEVEL
 Static water level 185 feet below land surface
 Artesian flow NA G.P.M. NA P.S.I.
 Water temperature 100 °F Quality clear

Date started August 15 2000
 Date completed August 20 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>25</u> | <u>NA</u> | <u>2 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 Blain Drilling & Pump Co.
 Address P.O. Box 1255 Carson City, NV 89702
 Nevada contractor's license number 46497
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1977
 Division of Water Resources, the on-site driller.
 Signed Joe Eide
 By driller performing actual drilling on site or contractor
 Date _____

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