

OFFICE USE ONLY
 Log No. 83752
 Permit No. _____
 Basin 101

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. 75-182

1. OWNER Bruce Homer ADDRESS AT WELL LOCATION 5295 Desert Hills Loop
 MAILING ADDRESS _____

2. LOCATION NV 1/4 S12 1/4 Sec. 20 T. 19 N/S R. 28 E. Churchill County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. 008-176-53 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>SAND</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>CLAY</u>		<u>4</u>	<u>10</u>	<u>4</u>
<u>SAND</u>		<u>10</u>	<u>45</u>	<u>35</u>
<u>Blue Clay/sand</u>		<u>45</u>	<u>70</u>	<u>25</u>
<u>CLAY</u>		<u>70</u>	<u>80</u>	<u>10</u>
<u>SAND</u>	<input checked="" type="checkbox"/>	<u>80</u>	<u>88</u>	<u>8</u>

8. WELL CONSTRUCTION
 Depth Drilled 88 Feet Depth Cased 88 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 Inches 0 Feet 88 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</u>	<u>3.2</u>	<u>.280</u>	<u>0</u>	<u>88</u>

Perforations:
 Type perforation SLOTS
 Size perforation 1/5 x 3
 From 83 feet to 88 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 83 feet to 88 feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality unknown

Date started 3-13-01
 Date completed 3-14-01

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>25</u>	<u>4</u>	<u>4</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name FARRIS DRILLING Contractor
 Address PO Box 5205 Contractor
Fallon, NV 89407
 Nevada contractor's license number issued by the State Contractor's Board 43145
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2082
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4-20-01