

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. 45914

1. OWNER Terry Martinez ADDRESS AT WELL LOCATION 815 Mustang
 MAILING ADDRESS 1815 Mustang Gardnerville, NV 89410
 2. LOCATION S 1/2 1/4 SE 1/4 Sec. 13 T. 12 N. R. 200 E DOUGLAS County
 PERMIT NO. 1220-13801-046 Parcel No. _____ Subdivision Name BUHENSTROTH
 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>BLACK+WHITE GRAVEL</u>		<u>150</u>	<u>180</u>	<u>30</u>
<u>BROKEN BLACK+WHITE</u>				
<u>ORANGE ROCK</u>		<u>180</u>	<u>210</u>	<u>30</u>
<u>BROWN+BLACK+WHITE</u>		<u>210</u>	<u>225</u>	<u>15</u>
<u>GRAVEL</u>				
<u>BLACK+WHITE BROKEN ROCK</u>		<u>225</u>	<u>240</u>	<u>15</u>
<u>BROKEN BLACK+WHITE</u>		<u>240</u>	<u>290</u>	<u>50</u>
<u>DRAPE+GREEN ROCK</u>				

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 150 Feet

HOLE DIAMETER (BIT SIZE)
7 7/8 Inches From 150 Feet To 290 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 3/8</u>		<u>.188</u>	<u>290</u>	<u>135</u>

Perforations:
 Type perforation FACTORY
 Size perforation _____
 From 290 feet to 290 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 140 feet below land surface
 Artesian flow NO G.P.M. _____ P.S.I. _____
 Water temperature Cold °F Quality Good

Date started JUNE 4, 2001, 19____
 Date completed JUNE 6, 2001, 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>50</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 DAYTON, AN NOLAN
 Address P.O. BOX 2227
NEVADA PUMP & DRILLING
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2187
 Signed Thomas Evans
 By driller performing actual drilling on site or contractor
 Date 6-7-01

RECEIVED
 01 JUN 13 AM 11:35
 STATE ENGINEERS OFFICE