

Log No. 90-385
Permit No. _____
Basin. 107

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. 48990

1. OWNER Don Feyma ADDRESS AT WELL LOCATION 61 Acc IARI Smith Valley
MAILING ADDRESS _____

2. LOCATION SW 1/4 SE 1/4 Sec. 21 T. 11 N/S R. 24 E Lamoine County
PERMIT NO. N/A Issued by Water Resources Parcel No. 09-112-07 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
sand & gravel		0	15	15
Brown clay		15	30	15
sand & gravel & clay		30	70	40
gray clay		70	75	5
gray clay & gravel		135	140	5
Brown clay & gravel		140	155	15
DB on Brown clay		155	315	160

8. WELL CONSTRUCTION
Depth Drilled 315 Feet Depth Cased 315 Feet
HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 5 Feet
Inches 0 Feet 315 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>13</u>	<u>1.58</u>	<u>11</u>	<u>315</u>

Perforations:
Type perforation factory milled
Size perforation 3/72
From _____ feet to _____ feet
From 275 feet to 215 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal 5 FT
Placement Method: Pumped Poured
Gravel Packed: Yes No
From 50 feet to 315 feet

9. WATER LEVEL
Static water level 116 feet below land surface
Artesian flow N/A G.P.M. N/A P.S.I.
Water temperature 60.0 °F Quality clear

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 Inc Contractor
Address Box 599 S. West Valley NV 89429 Contractor
Nevada contractor's license number issued by the State Contractor's Board 31841
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1878
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5-24-03

Date started 5-21, 20____
Date completed 5-24, 20____

7. WELL TEST DATA

TEST METHOD:	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>20x</u>	<u>200</u>	<u>1 Hour</u>