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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. 53357

1. OWNER Brent Bartel ADDRESS AT WELL LOCATION 3185 E. 4th ST SILVER SPRINGS, NV
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 Sec. 17 T. 17 N/S R. 25 E. Lyon County
 PERMIT NO. 117-174-05 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	Thickness
SAND		0	16	16
GRAVEL	X	16	42	26
BROWN CLAY		42	76	34
MEDIUM GRAVEL	X	76	86	10
BROWN CLAY-GRAVEL		86	126	40
MEDIUM GRAVEL	X	126	160	34

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 160 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>14</u>	<u>.188</u>	<u>71</u>	<u>160</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" x 3"
 From _____ feet to _____ feet
 From 150 feet to 160 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 54 ft Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 54 feet to 160 feet

9. WATER LEVEL
 Static water level 29 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °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 Blain Drilling & Pump Co.
 Address P.O. Box 1255 Carson City, NV 89702
 Nevada contractor's license number issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 By driller performing actual drilling on site or contractor
 Date _____

Date started 10 OCT, 2003
 Date completed 10 OCT, 2003

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>25+</u>		<u>1.0</u>

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