

OFFICE USE ONLY
 Log No. 93993
 Permit No. _____
 Basin 102

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. 52002

OWNER Dan Wooten
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION Weeks Silver Springs
 2. LOCATION SE NW 1/4 NE 1/4 Sec. 34 T. 18 N/S R. 29 E. 0 LYON County
 PERMIT NO. 183-388-14 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
Sand		0	2	
Sandstone		2	34	
Clay rock mix		34	125	
Cemented sands		125	155	
Clay		155	250	
Sandstone mix		250	295	
Clay		295	320	
Cemented sand				

8. WELL CONSTRUCTION
 Depth Drilled 320 Feet Depth Cased 320 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10" To 320 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.575</u>	<u>13.00</u>	<u>3/16</u>	<u>H</u>	<u>320</u>

Perforations:
 Type perforation mill slot
 Size perforation _____
 From 280 feet to 320 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 0-70
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 70 feet to 320 feet

9. WATER LEVEL
 Static water level 159 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature coll °F Quality cold clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leah Sullivan Inc
 Address 10. Box 599 Silver Springs NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 18327
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5-17-09

Date started 4-8, 2009
 Date completed 4-19, 2009

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>Wooded about</u>	<u>35</u>	<u>6pm</u>

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 STATE ENGINEERS OFFICE