

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 98477
 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. **55322**

1. OWNER Rick Nuzum B.D.R. Construction ADDRESS AT WELL LOCATION 22 Deer Pass Rd. Smith Valley
 MAILING ADDRESS P.O. Box 5086
Gardnerville, NV 89410

2. LOCATION NE 1/4 SW 1/4 Sec. 20 T 10N N/S R 24E E Lyon County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 010-761-39 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Cobbles sand gravel</u>		<u>0</u>	<u>140</u>	<u>140</u>
<u>Cobbles sand gravel</u>				
<u>some clay</u>	<u>x</u>	<u>140</u>	<u>497</u>	<u>357</u>
<u>Additional perforation 357-377</u>				
<u>397-417</u>				
<u>437-457</u>				
<u>477-497</u>				

8. WELL CONSTRUCTION
 Depth Drilled 497 Feet Depth Cased 497 Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>11</u>	<u>0</u>	<u>298</u>	<u>0</u>	<u>298</u>
<u>6 1/8</u>	<u>298</u>	<u>497</u>	<u>298</u>	<u>497</u>

 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>298</u>
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>287</u>	<u>497</u>

 Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From	feet to	feet
<u>158</u>	<u>178</u>	<u>178</u>
<u>198</u>	<u>218</u>	<u>218</u>
<u>238</u>	<u>258</u>	<u>258</u>
<u>278</u>	<u>298</u>	<u>298</u>
<u>317</u>	<u>337</u>	<u>337</u>

 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 50 feet to 497 feet

9. WATER LEVEL
 Static water level 293 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 8/10/2005, 19____
 Date completed 8/18/2005, 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>30+</u>		<u>3</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Bruce MacKay Pump & Well Service, Inc. Contractor
 Address 1600 Mt. Rose Hwy Contractor
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board 23096
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1790
 Signed R. Bruce Mackay
 By driller performing actual drilling on-site or contractor
 Date 9/14/2005