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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. 54277  
3619 Summerville  
 Summer Hill

1. OWNER Margaret Houze ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3551 Shadow LN \_\_\_\_\_  
Carson City NV \_\_\_\_\_  
 2. LOCATION NE 1/4 SE 1/4 Sec. 6 T. 14 N/S R. 20 E. Douglas County  
 PERMIT NO. SE SW 1420-06-40-022 Subdivision Name \_\_\_\_\_  
 Issued by Water Resources Parcel 401 1420-06-40-022

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	Thickness
<u>TOP SOIL</u>		<u>0</u>	<u>10</u>	
<u>SAND</u>		<u>10</u>	<u>100</u>	
<u>CLAY</u>		<u>100</u>	<u>190</u>	
<u>Block up Rock</u>		<u>190</u>	<u>258</u>	

8. WELL CONSTRUCTION 29885  
 Depth Drilled 258 Feet Depth Cased 258 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 7/8 Inches 0 Feet 60 Feet  
8 3/4 Inches 60 Feet 258 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>1.88</u>	<u>72</u>	<u>18</u>
<u>6 5/8</u>		<u>SDR 21</u>	<u>18</u>	<u>258</u>

Perforations:  
 Type perforation SKILL SWA  
 Size perforation \_\_\_\_\_  
 From 218 feet to 258 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 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0-258 feet to 50 feet

9. WATER LEVEL  
 Static water level 100 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 60.1 °F Quality \_\_\_\_\_

Date started 3-8, 2006  
 Date completed 3-10, 2006

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>220</u>	<u>20</u>	<u>4</u>

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 PO Box 599 Contractor  
Silver Springs NV 89429  
 Nevada contractor's license number 0031841  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the 2275  
 Division of Water Resources, the on-site driller  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 3-13-06