



STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 103835
Permit No. _____
Basin 101

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. (59536) 59536

1. OWNER CASEY DEVELOPMENT
MAILING ADDRESS 4240 RENO HWY
FALLON, NV 89406

ADDRESS AT WELL LOCATION 1865 ROBERSON
FALLON, NV 89406
Subdivision Name: _____ County: CHURCHILL

2. LOCATION NW 1/4 NW 1/4 Sec 19 T 19N N/S R 28 E
PERMIT/WAIVER No. 008-132-48
Issued by Water Resources Parcel No. _____

Latitude 39 30.080N UTM E NAD 27
Longitude 118 52.645N N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
TOP SOIL		0	1	1
BROWN SAND		1	10	9
BROWN CLAY		10	18	8
BROWN SAND		18	25	7
BROWN CLAY		25	27	2
GRAY SANDS		27	60	33
BROWN SANDS		60	70	10
GRAVELS		70	85	15
GRAY CLAYS		85	90	5
GRAY SANDS		90	120	30
GRAY CLAYS		120	126	6
BROWN SANDS & GRAVELS	X	126	141	15
<u>N39, S01434</u>				
<u>W 118.876437 NAD27</u>				
<u>20 JUL 2 11:06</u>				

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
<u>141</u>		<u>141</u>	
HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>10 3/4</u>	Inches	<u>0</u>	Feet <u>50</u> Feet
<u>6</u>	Inches	<u>50</u>	Feet <u>141</u> 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>12.9</u>	<u>.188</u>	<u>+2</u>	<u>147-141</u>

Perforations:
Type of perforation MACHINE SLIT
Size of perforation .080
From 133 feet to 138 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 50 Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 31-May, 2007
Date completed: 31-May, 2007

7. Water Level
Static water level: 148" feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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>50</u>		<u>1 HR</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name WELSCO CORP. Contractor
Address P. O. BOX 888 Contractor
FALLON, NV 89406
Nevada contractor's license number issued by the State Contractor's Board 11752
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772
Signed [Signature]
By driller performing actual drilling on site or contractor
Date JUNE 18, 2007