



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

OFFICE USE ONLY

Log No. 103838

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. 59557

1. OWNER ISIDRO ALVES
MAILING ADDRESS 1115 BON ACCORD
FALLON, NV 89406

ADDRESS AT WELL LOCATION 3490 TRENTO
FALLON, NV 89406
Subdivision Name: _____ County: CHURCHILL

2. LOCATION NW 1/4 SW 1/4 Sec 12 T 19N N/S R 27 E
PERMIT/WAIVER No. 007-121-07
Issued by Water Resources Parcel No.

Latitude 39 31.418N UTM E NAD 27
Longitude 118 54.697W 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	Thick-ness
TOP SOIL		0	1	1
BROWN SAND		1	13	12
BROWN CLAY		13	20	7
BROWN SAND		20	45	25
BROWN CLAY		45	47	2
GRAY SANDS		47	80	33
GRAY CLAY		80	84	4
GRAY SANDS		84	95	11
GRAY CLAY		95	99	4
BROWN SAND	X	99	117	18

N 39.523735
W 118.910636 NAD27

2007 JUN 21 AM 11:09
STATE ENGINEER

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>117</u>		<u>117</u>	

HOLE DIAMETER (BIT SIZE)

	From	To		
<u>10 3/4</u>	Inches	<u>0</u>	Feet	<u>100</u>
<u>6</u>	Inches	<u>100</u>	Feet	<u>117</u>
	Inches		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>117</u>

Perforations:

Type of perforation MACHINE SLIT
Size of perforation .080

From 109 feet to 114 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 100 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 8-May, 20 07
Date completed: 28-May, 20 07

7. Water Level
Static water level: 13'9" feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COOL °F
Quality: UNTESTED

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40</u>		<u>1 HOUR</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 18-Jun-07

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY