

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

OFFICE USE ONLY

Log No. 104181

Permit No. _____

Basin LC1

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. 59554

1. OWNER DREW DAHL
MAILING ADDRESS 3022 BOTTOM ROAD
FALLON, NV 89406

ADDRESS AT WELL LOCATION 3022 BOTTOM ROAD
FALLON, NV 89406

Subdivision Name: _____ County: Churchill

2. LOCATION S1/4 NW 1/4 Sec 38 T 19N N/S R 28 E
PERMIT/WAIVER No. NE 34 010-541-28
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 343458 NAD 27
Longitude _____ N 4370663 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 SANDS		1	12	11
BROWN CLAY		12	18	6
BROWN SANDS		18	38	20
BROWN CLAY		38	40	2
GRAY SANDS		40	70	30
GRAY CLAY		70	73	3
BROWN SANDS		73	85	12
BROWN SILT		85	95	10
BROWN CLAY		95	100	5
GRAY SANDS		100	125	25
GRAY CLAY		125	128	3
GRAY SANDS		128	160	32
GRAY CLAY		160	168	8
BROWN SANDS & GRAVEL	X	168	180	12

N 89.473269
W 118.819895 NAD87

9. WELL CONSTRUCTION

Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 1/4 Inches _____ 0 Feet _____ 100 Feet
6 Inches _____ 100 Feet _____ 180 Feet
_____ Inches _____ _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>+2</u>	<u>180</u>

Perforations:
Type of perforation MACHINE SLIT
Size of perforation 0.088
From 172 feet to 177 feet
From _____ feet to _____ feet
From _____ feet to _____ 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: 22-Jun, 20 07
Date completed: 22-Jun, 20 07

7. Water Level
Static water level: 25' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AIR LIFT	<u>30</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 2199
Signed [Signature]
By driller performing actual drilling on site or contractor
Date JULY 6, 2007

(Rev. 06-08)

USE ADDITIONAL SHEETS IF NECESSARY