WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 30520
Permit No.
Basin 8-101

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 11668

1. OWNER DON STELLING
MAILING ADDRESS 2090 BAFFORD LANE
FALLON, NV 89406

ADDRESS AT WELL LOCATION
2090 BAFFORD LANE

2. LOCATION SE ¼ NW ¼ Sec. 29 T 19 N/S R. 29 E. CHURCHILL County

PERMIT NO. | Issued by Water Resources | Parcel No. | Subdivision Name

3. TYPE OF WORK
New Well ☐ Recondition ☒
Deepen ☐ Other ☒

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
OLD WELL ABANDONED AND REDRILLED				
ABANDONED		5	50	45
ABANDONED		50	95	45
CEMENT FROM 5 TO 50 FEET				
BENTONITE FROM 50 TO 95 FEET				
WOOD PLUG IN BOTTOM				
METAL CAP WELDED ON				
ATTEMPTED RECONDITIONING FAILED				
WELL ABANDONED AND REDRILLED NEW ONE				
WELL ORIGINALLY DRILLED BY BILL MILLER				
NO SEAL EVIDENT.				

Date started SEPTEMBER 29, 19 88
Date completed SEPTEMBER 29, 19 88

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter ..... inches Total depth ..... feet
..... inches
..... inches
Casing record .....
Weight per foot ..... Thickness .....

Diameter	From	To
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet

Surface seal: Yes ☐ No ☐ Type .....
Depth of seal ..... feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation .....
Size perforation .....
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... feet below land surface
Flow ..... G.P.M. ..... P.S.I.
Water temperature ..... °F Quality .....

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 FALLON, NV 89406 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board 11752
Nevada contractor's driller's number issued by the Division of Water Resources ~~562~~ 772
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1562
Signed ..... (By driller performing actual drilling on site or contractor)
Date OCTOBER 4, 1988

(Rev. 11-85) USE ADDITIONAL SHEETS IF NECESSARY (O)-627