

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 12983

1. OWNER GARY TROXEL ADDRESS AT WELL LOCATION ALCORN ROAD
 MAILING ADDRESS 941 W. WILLIAMS AVENUE
FALLON, NV 89406

2. LOCATION SW 1/4 SW 1/4 Sec. 26 T. 19 N/S R. 28 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 Other

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SANDY CLAY		0	12	12
SAND	X	12	32	20
CLAY		32	36	4
GRAY SAND	X	36	90	54
CLAY		90	92	2
BROWN SAND	X	92	116	24
CLAY		116	119	3
GRAY SAND	X	119	158	39
CLAY		158	163	5
COARSE SAND & GRAVEL		163	179	16
CLAY		179		

8. WELL CONSTRUCTION
 Diameter 6 5/8 inches Total depth 179 feet
 _____ inches
 _____ inches
 Casing record 6 5/8 X 179
 Weight per foot 12.9 Thickness .188
 Diameter From To
6 5/8 inches 0 feet 179 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type CEMENT
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation MACHINE SLOT
 Size perforation 3/32 X 3
 From 0 174 feet to 177 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 1.1 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality UNKWN

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 11752
 issued by the State Contractor's Board
 Nevada contractor's driller's number 772
 issued by the Division of Water Resources
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1562
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date JULY 27, 1989

Date started JULY 6, 1989
 Date completed JULY 8, 1989

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>AIR BLOWN</u>	<u>40 GPM</u>		

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