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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 13385

1. OWNER Bob Hendrix ADDRESS AT WELL LOCATION 525 Suisun Rd
 MAILING ADDRESS 1000 Auction Rd
 2. LOCATION SW 1/4 SE 1/4 Sec 5 T 18 N/S R. 29 E Churchill County
 PERMIT NO. _____ Parcel No. 12 Subdivision Name Hendrix
 Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
Sand		0	29	29
Grey Clay		29	33	4
Grey Sand	✓	33	62	29
Black Clay		62	68	6
Black Sand	✓	68	79	11
Grey Clay		79	84	5
Sand & Gravel	✓	84	96	12
Sand & Gravel	✓	96	108	12

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8. WELL CONSTRUCTION
 Depth Drilled 108 Feet Depth Cased 108 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches ~~8~~ Feet 50 Feet
6 Inches 50 Feet 108 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.9</u>	<u>.188</u>	<u>+1</u>	<u>108</u>

Perforations:
 Type perforation Machine Slot
 Size perforation 3/32
 From 102 feet to 106 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 57 °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 Contractor
 Address Box 888 Contractor
Fallon Nev 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]
 Date Feb 27

Date started Feb 24, 1992
 Date completed Feb 26, 1992

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>50</u>	<u>1</u>	