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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. 21126

1. OWNER The Woodworn ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION NW 1/4 SE 1/4 Sec. 25 T. 19 N/S R. 28 E. Churchill County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

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	X	0	16	16
Clay		16	24	8
Silt	X	24	41	17
Black Clay		41	49	8
Black Silt	X	49	69	20
Grey Clay		69	78	9
Grey Gravel	X	78	84	6
Brown Clay		84	91	7
Sand	X	91	107	16

8. WELL CONSTRUCTION
 Depth Drilled 107 Feet Depth Cased 107 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
 From 6 Inches To 107 Feet
 From _____ Inches To _____ 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>.185</u>	<u>71</u>	<u>50</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .060
 From _____ feet to _____ feet
 From 100 feet to 105 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 12-11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-4-93, 19____
 Date completed 7-4-93, 19____

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 checked="" type="checkbox"/> Air Lift	<u>30</u>		<u>1</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 Contractor
 Address Box 888 Fallon Contractor
 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 W. B. [Signature]
 By driller performing actual drilling on site or contractor
 Date _____