

OFFICE USE ONLY
 Log No. 42521
 Permit No. 8-100
 Basin 8-100
 NOTICE OF INTENT NO. 02770

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER Dete Stewart ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SE 1/4 Sec. 29 T 19 N R. 08 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
 CA Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>Clay</u>		<u>8</u>	<u>15</u>	<u>7</u>
<u>Sand & Clay</u>	X	<u>15</u>	<u>37</u>	<u>22</u>
<u>Black Clay</u>		<u>37</u>	<u>54</u>	<u>17</u>
<u>Black silt</u>	X	<u>54</u>	<u>70</u>	<u>16</u>
<u>Clay</u>		<u>70</u>	<u>83</u>	<u>13</u>
<u>Sand & Gravel</u>	X	<u>74</u>	<u>83</u>	<u>9</u>

8. WELL CONSTRUCTION
 Depth Drilled 83 Feet Depth Cased 83 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet To 50 Feet
6 Inches 50 Feet 83 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>127</u>	<u>.188</u>	<u>71</u>	<u>83</u>

Perforations:
 Type perforation Machine slot
 Size perforation .260
 From _____ feet to _____ feet
 From 76 feet to 82 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 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 11-64 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality _____

Date started Sept 22, 1993
 Date completed Sept 22, 1993

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>30</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 Nev. Contractor
 Nevada contractor's license number issued by the State Contractor's Board 4752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772
 Signed W. O. B. fle By driller performing actual drilling on site or contractor
 Date Sept 24-93