

OFFICE USE ONLY
Log No. 42531
Permit No. _____
Basin 8-101

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

NOTICE OF INTENT NO. 23774

1. OWNER Tony Guillen ADDRESS AT WELL LOCATION 2838 Old River
MAILING ADDRESS 0838 Old River Rd
2. LOCATION 1/4 NW 1/4 Sec. 17 T. 19 N. R. 29 E. Churchill County
PERMIT NO. 7-372-24 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		0	15	15
Clay		15	20	5
Sand & Clay	X	20	42	22
Black Clay		42	54	12
Black Silt	X	54	68	14
Grey Clay		68	80	12
Brown Clay		80	90	10
Course Sand	X	90	101	11

8. WELL CONSTRUCTION
Depth Drilled 101 Feet Depth Cased 101 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 101 Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.75</u>	<u>12.7</u>	<u>.188</u>	<u>11</u>	<u>101</u>

Perforations:
Type perforation Machine Slot
Size perforation 5/8"
From _____ feet to _____ feet
From 92 feet to 93 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 50 Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 20-3' feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 62 °F Quality _____

Date started Sept 24 1993
Date completed Sept 24 1993

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>25</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 11752
Nevada driller's license number issued by the Division of Water Resources the on-site driller 772
Signed [Signature] By driller performing actual drilling on site or contractor
Date Sept 24-93