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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. 02758

1. OWNER Bob Hendrix ADDRESS AT WELL LOCATION 617 Sunshine
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 SE 1/4 Sec 6 T 29-180 N 8 R 18 E Churchill County _____
 PERMIT NO. 6-741-56 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	12	12
Clay		12	18	6
Silt	X	18	39	21
Black Clay		39	52	13
Black Silt	X	52	64	12
Grey Clay		64	78	14
Grey Silt	X	78	91	13
Sand & Gravel	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
6 Inches 50 Feet 107 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>188</u>	<u>12 1/8</u>	<u>71</u>	<u>107</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .043
 From _____ feet to _____ feet
 From 93 feet to 104 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 13-9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 Fallon NV Contractor
 Nevada contractor's license number 11752 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 772 Division of Water Resources, the on-site driller.
 Signed W. B. J. [Signature]
 By driller performing actual drilling on site or contractor
 Date Sept 3

Date started Aug 28 1993
 Date completed Aug 28 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>20</u>		