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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. 22791

1. OWNER Dwayne Hunter ADDRESS AT WELL LOCATION W. Cody Lane
 MAILING ADDRESS 4845 Cody Drive

2. LOCATION NE 1/4 SW 1/4 Sec 15 T 18 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
Brown Sand	X	0	27	27
Black Sand	X	27	47	20
Gray Sandy Clay		47	60	13
Gray Sand	✓	60	67	7
Gray Clay		67	73	6
Brown Sand	X	73	82	9

8. WELL CONSTRUCTION
 Depth Drilled 82 Feet Depth Cased 82 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 80 Feet
6 Inches 50 Feet 82 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5/8</u>	<u>12.9</u>	<u>.188</u>	<u>1</u>	<u>82</u>

Perforations:
 Type perforation Machine slot
 Size perforation .60
 From _____ feet to _____ feet
 From 04 feet to 80 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 10-6" 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 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 Jan 27-94

Date started Jan 25, 1994
 Date completed Jan 26, 1994

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>		<u>1</u>