

OFFICE USE ONLY
 Log No. 43999
 Permit No. 1
 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. 22782

1. OWNER Jensen Const ADDRESS AT WELL LOCATION 3663 Medallion
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NW 1/4 Sec 34 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 | | 0 | 10 | 10 |
| clay | X | 10 | 16 | 6 |
| Brown silt | X | 16 | 31 | 15 |
| Brown clay | | 31 | 39 | 8 |
| Black clay | | 39 | 49 | 10 |
| Black silt | X | 49 | 58 | 9 |
| Gray clay | | 58 | 64 | 6 |
| Grey silt | X | 64 | 66 | 2 |
| Grey clay | | 66 | 71 | 5 |
| Course Sand | X | 71 | 86 | 15 |

94 FEB 17 AM 1:52 STATE ENGINEERS OFFICIAL

8. WELL CONSTRUCTION
 Depth Drilled 86 Feet Depth Cased 86 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 50 Feet To 6 Inches 86 Feet
 Casing Schedule

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>6 7/8</u> | <u>12.8</u> | <u>.188</u> | <u>71</u> | <u>86</u> |

 Perforations:
 Type perforation wireline slot
 Size perforation .050
 From 78 feet to 84 feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 7-9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started Dec 17 1994
 Date completed Dec 18 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>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 Wesco 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 Wesco
 By driller performing actual drilling on site or contractor
 Date Jan 8-94