

OFFICE USE ONLY
 Log No. 46285
 Permit No. _____
 Basin 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. _____

1. OWNER Kopas Kost ADDRESS AT WELL LOCATION 50th Sandstone
 MAILING ADDRESS FALLON
 2. LOCATION SE 1/4 SE 1/4 Sec. 29 T 19 N/S R. 29 E Churchill County
 PERMIT NO. _____ Parcel No. Copperwood 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		0	13	13
Brown Clay		13	15	2
Brown Sand	-	15	27	12
Black Sand		27	80	53
Grey Sand		80	84	4
Brown Silt	-	84	96	12
Grey Sand	-	96	135	39
Brown Sand	-	135	147	12

8. WELL CONSTRUCTION
 Depth Drilled 147 Feet Depth Cased 147 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 147 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	0	147

Perforations:
 Type perforation machine stop
 Size perforation .575
 From _____ feet to _____ feet
 From 140 feet to 145 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 9-11" 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 Welso Contractor
 Address Box 888 Contractor
FALLON NV.
 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 W. Welso
 By driller performing actual drilling on site or contractor
 Date Sept 30-94

Date started Sept 29, 1994
 Date completed Sept 30, 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>20</u>		<u>1</u>

'94 OCT 21 P2118
 STATE ENGINEERS