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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. 28729

1. OWNER Howard Henning ADDRESS AT WELL LOCATION 1717 Shoffner Ln
 MAILING ADDRESS 1717 Shoffner Ln Fallon

2. LOCATION NE 1/4 SW 1/4 Sec. 34 T. 19 N/S R. 28 E Churchill County

PERMIT NO. 874-02 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		0	32	32
Brown clay	X	32	36	4
Grey Sand		36	50	14
Black silt/clay		50	67	17
Dark gravels		67	85	18
Grey clay		85	87	2
Brown Sand	X	87	97	10

8. WELL CONSTRUCTION
 Depth Drilled 97 Feet Depth Cased 97 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>8 3/4</u>	0	50	50
<u>6 7/8</u>	50	97	97

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>12</u>	<u>1/8</u>	<u>+1</u>	<u>97</u>

Perforations:
 Type perforation Factory
 Size perforation 0.138
 From 90 feet to 95 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 15'2" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WELSCO CORP Contractor
 Address 335 N Broadway Contractor
Fallon

Nevada contractor's license number issued by the State Contractor's Board. 11252
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. 772
 Signed John Mancin
 By driller performing actual drilling on site or contractor
 Date 4-12-95

Date started 4-12, 1995
 Date completed 4-12, 1995

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 hr</u>