

OFFICE USE ONLY
 Log No. 49161
 Permit No. 8-1
 Basin 8-1

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. 28719
Lovelock Hwy

1. OWNER Trinidad Guillen ADDRESS AT WELL LOCATION Fallon NV 89406
 MAILING ADDRESS West A Res 2800
Old River Fallon

2. LOCATION SW 1/4, NW 1/4 Sec 18 T 19 N/S R 29 E Churchill County
 PERMIT NO. 7-431-25 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 Sands		0	15	15
Brown Clay	X	15	20	5
Brown sand		20	34	14
Grey, sands		34	56	22
green sands		56	75	19
Brown Clay		75	81	6
Brown silt/clay		81	87	6
Brown sand		87	129	22
Black Silty Sands		129	160	31
Green Sands		160	184	24
Brown Silt		184	200	16
Black, green sands		200	226	26
Grey sands		226	250	24
Grey Clay		250	253	3
Grey coarse gravels		253	265	12
Brown clay		265	271	6
Brown Sands	X	271	281	10

8. WELL CONSTRUCTION
 Depth Drilled 281 Feet Depth Cased 281 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 3/4</u>	<u>0</u>	<u>50</u>	<u>0</u>	<u>50</u>
<u>6 1/8</u>	<u>50</u>	<u>281</u>	<u>50</u>	<u>281</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>12.8</u>	<u>1/8</u>	<u>0</u>	<u>281</u>

Perforations:
 Type perforation Factory cut
 Size perforation 0.80
 From 274 feet to 279 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 22' 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started 6-19 1995
 Date completed 6-20 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>		<u>2hr</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welseo Corp Contractor
 Address 335 N Broadway Contractor
Fallon NV 89406
 Nevada contractor's license number 11752
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 722T-1
 Signed Jesus Manuennem
 By driller performing actual drilling on site or contractor
 Date 6-20-95