

OFFICE USE ONLY  
 Log No. 50216  
 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. 31184

1. OWNER Dave Atkins ADDRESS AT WELL LOCATION 1200 Golden -  
 MAILING ADDRESS 2160 Rice RD. PARK DR FALLON  
 2. LOCATION NW 1/4 SW 1/4 Sec. 19 T. 19 N/S R. 29 E Churchill County  
 PERMIT NO. \_\_\_\_\_ Subdivision Name Venteracci

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	16	3
Grey white sands	X	16	30	14
Black silt/clay		30	55	25
Grey sands		55	65	10
Green sands		65	70	5
Grey clay		70	73	3
Brown Sands	X	73	86	13

8. WELL CONSTRUCTION  
 Depth Drilled 86 Feet Depth Cased 86 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
8 3/4 Inches 0 Feet 50 Feet  
6 1/8 Inches 50 Feet 86 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>1/8</u>	<u>71</u>	<u>86</u>

Perforations:  
 Type perforation machine cut  
 Size perforation .090  
 From 79 feet to 84 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 8' 3" feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality ok

Date started 10-6-95  
 Date completed 10-6-95

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>1/2</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Weisco Corp Contractor  
 Address 335 N Broadway Contractor  
FALLON  
 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 1996  
 Signed Jesus Maricorona  
 By driller performing actual drilling on site or contractor  
 Date 10-6-95