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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. 32437

1. OWNER **GREGG ERICKSON** ADDRESS AT WELL LOCATION
 MAILING ADDRESS **1963 ALBERT STREET** **2055 SILVERSTATE AVENUE**
FALLON, NV 89406

2. LOCATION **NW 1/4 SE 1/4 Sec. 36 T 19 N/S R 28E 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
BROWN SAND		0	15	15
BROWN CLAY		15	18	3
BROWN SAND	X	18	30	12
GREY SAND		30	50	20
BLACK SILT	X	50	73	23
GREY SAND		73	80	7
GREY CLAY		80	82	2
BROWN SAND	X	82	98	16

RECORDED
 95 MAY 29 AM 10:32
 STATE OF NEVADA OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 98 Feet Depth Cased 98 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10.5 Inches 1 Feet 50 Feet
6 5/8 Inches 50 Feet 98 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	+1	98

Perforations:
 Type perforation **MACHINE SLIT**
 Size perforation **3/32**
 From 85 feet to 95 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 8.25 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 52 °F Quality UNTESTED

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

Name **Welsco Drilling Corp.** Contractor
 Address **P. O. BOX 888** Contractor
FALLON, NV 89407
 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 J. W. Biffle
 By driller performing actual drilling on-site or contractor
 Date _____

Date started 4/29/96, 19____
 Date completed 4/29/96, 19____

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	0		
	25		1 hr.