

OFFICE USE ONLY
 Log No. 65861
 Permit No. _____
 Basin. 10

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. 4307 MARGOCEE IN

1. OWNER JESUS MARIELCURRENA ADDRESS AT WELL LOCATION 4307 MARGOCEE IN
 MAILING ADDRESS 4307 MARGOCEE IN
FAVON
 2. LOCATION NW 1/4 NE 1/4 Sec 21 T 18 N/S R 28 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	12	12
Brown clay		12	15	3
Brown sand	X	15	23	8
Grey sands		23	40	17
Black silt		40	50	10
Grey sands		50	55	5
Grey clay		55	56	1
Brown sands	X	56	68	12

8. WELL CONSTRUCTION
 Depth Drilled 68 Feet Depth Cased 68 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
6 1/8 Inches 50 Feet 68 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>+1</u>	<u>68</u>

Perforations:
 Type perforation machine cut
 Size perforation .030
 From 61 feet to 66 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 10'2 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature cool °F Quality OK

Date started 12-18, 1995
 Date completed 12-18, 1995

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>30</u>		<u>1 hr</u>	

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
FAVON
 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 Marielcurrena
 By driller performing actual drilling on site or contractor
 Date 12-18-95