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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. 31186

1. OWNER JAMES WATTS ADDRESS AT WELL LOCATION 8800 Solias RD Fallon
 MAILING ADDRESS 8800 Solias RD Fallon
 2. LOCATION SW 1/4 SW 1/4 Sec. 13 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
Grey Sand	Y	15	30	15
Black Silt		30	40	10
Grey Sand		40	43	3
Grey Clay		43	44	1
Brown Sand	X	44	56	12

8. WELL CONSTRUCTION
 Depth Drilled 56 Feet Depth Cased 56 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
8 3/4 Inches 0 Feet 45 Feet
6 1/8 Inches 45 Feet 56 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>7</u>	<u>56</u>

Perforations:
 Type perforation machine cut
 Size perforation 1.090
 From 49 feet to 54 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 45 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 6' 3" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality OK

Date started 10-5, 1995
 Date completed 10-5, 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>25</u>		<u>1</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
 Address 335 N Broadway Fallon NV 89406
 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 Manuacurrens
 By driller performing actual drilling on site or contractor
 Date 10-5-95