

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 29750

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER AKINS CONSTRUCTION ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2160 RICE ROAD 5275 RIVERS EDGE
FALLON, NV 89406

2. LOCATION NW 1/4 SE 1/4 Sec. 29 T 19N N/S R 28E E CHURCHILL County
 PERMIT NO. _____ RIVERS EDGE
 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	Thickness
BROWN SAND		0	20	20
BROWN CLAY		20	22	2
BROWN SAND		22	30	8
GREY SAND		30	50	20
BLACK SILT		50	65	15
GREY SAND		65	70	5
GREY CLAY		70	71	1
BROWN SAND	X	71	80	9

8. WELL CONSTRUCTION
 Depth Drilled 80 Feet Depth Cased 80 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 1 Feet 50 Feet
6 1/4 Inches 50 Feet 80 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	0.188	+1	80

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .090
 From 73 feet to 78 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 12.75 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 [Signature] By driller performing actual drilling on-site or contractor
 Date 5-9-96

Date started 5/9/96, 19____
 Date completed 5/9/96, 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	<u>25</u>		<u>1 hr.</u>