

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 64-953
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 34685

1. OWNER **AKINS CONSTRUCTION** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2160 RICE ROAD** **496 SUNRISE TERRACE**
FALLON, NV 89406
 2. LOCATION SE 1/4 SE 1/4 Sec. 19 T 19N N/S R 29E E CHURCHILL County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. 068-312-36 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	18	18
BROWN CLAY		18	24	6
BROWN SAND	X	24	35	11
GREY SAND		35	60	25
BLACK SILT		60	71	11
GREY SAND		71	81	10
BROWN CLAY		81	83	2
BROWN SAND	X	83	96	13

8. WELL CONSTRUCTION
 Depth Drilled 96 Feet Depth Cased 96 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
6 1/8 Inches 50 Feet 96 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>.188</u>	<u>+1</u>	<u>96</u>

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 89 feet to 94 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 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 305 E. WILLIAMS AVE. P. O. BOX 888
 Contractor

Date started 11/25/96, 19____
 Date completed 11/25/96, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift G.P.M. <u>25</u>		<u>1 hr.</u>

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 12-1-96