

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

OFFICE USE ONLY
 Log No. 65299
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 18447

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

1. OWNER GNS CONSTRUCTION ADDRESS AT WELL LOCATION 3380 KEYS WAY
 MAILING ADDRESS 4240 RENO HWY
FALLON, NV 89406
 2. LOCATION SE 1/4 NW 1/4 Sec. 8 T 18N N/S R 28E E CHURCHILL County
 PERMIT NO. 629229 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	10	10
BROWN CLAY		10	13	3
BROWN SAND		13	20	7
GREY SAND		20	30	10
BROWN CLAY		30	33	3
BROWN SILT		33	40	7
BROWN SAND	X	40	52	12

8. WELL CONSTRUCTION
 Depth Drilled 52 Feet Depth Cased 52 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 3/4</u> inches	<u>0</u> Feet	<u>40</u> Feet
<u>6 1/8</u> inches	<u>40</u> Feet	<u>52</u> 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>52</u>

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080

From	feet to	feet
<u>45</u>	<u>50</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

 Surface Seal: Yes No Seal Type:
 Depth of Seal 40 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 5.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

Date started 1/30/97, 19____
 Date completed 1/30/97, 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>

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
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 2-12-97