

OFFICE USE ONLY
 Log No. 66135
 Permit No. 101
 Basin 101

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. 31185
1060 S Allen RD

1. OWNER Fallon Electric ADDRESS AT WELL LOCATION FALLON
 MAILING ADDRESS 1060 S Allen RD
Fallen
 2. LOCATION NE 1/4 NE 1/4 Sec 35 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. 008-811-13 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
Grey Sands	X	22	50	28
Black Silts		50	75	25
Grey Sands		75	82	7
Brown clay		82	85	3
Brown sand	Y	85	98	13

8. WELL CONSTRUCTION
 Depth Drilled 98 Feet Depth Cased 98 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
8 3/4 Inches 0 Feet 50 Feet
6 1/8 Inches 50 Feet 98 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>7/8</u>	<u>71</u>	<u>98</u>

Perforations:
 Type perforation machine cut
 Size perforation .090
 From 91 feet to 96 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 11' 4" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 100 °F Quality OK

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
 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 Jesús Mancuerra
 By driller performing actual drilling on site or contractor
 Date 10-5-95

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>30</u>		<u>1</u>

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 STATE ENGINEERS OFFICE