

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. 34499

1. OWNER Churchill Co. Telephone ADDRESS AT WELL LOCATION 77 N. MAINE ST.
 MAILING ADDRESS PO 1390 Fallon NV 89406 FALCON NV

2. LOCATION SW 1/4 SW 1/4 Sec 30 T. 19 N. R. 29 E. Churchill County
 PERMIT NO. MD750 A+B 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 MSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>MW-5</u>				
<u>RUN A ROD</u>				
<u>Break Bottom end</u>				
<u>OFF OF PVC</u>				
<u>Fill w/cement</u>				
<u>from Bottom up</u>				
<u>PULL ALL PVC</u>				
<u>TOP OFF TO GS</u>				
<u>w/cement</u>				

8. WELL CONSTRUCTION
 Depth Drilled 18 Feet Depth Cased 18 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.37</u>		<u>SC#40</u>		

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 18' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 5.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name NEVADA Drilling Inc
 Address 75 LEWERS CREEK RD
CARSON CITY NV
 Nevada contractor's license number issued by the State Contractor's Board 13697A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1902
 Signed John B. Laird
 By driller performing actual drilling on site or contractor
 Date 6.3.97

Date started 6.2, 1997
 Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)