

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

OFFICE USE ONLY
 Log No. 107940
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 18448

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 **AKINS CONSTRUCTION** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2160 RICE ROAD** **605 SUNRISE TERRACE**
FALLON, NV 89406

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **19** T **19N** N/S **R 29E** E **CHURCHILL** County
 PERMIT NO. **831225** Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 | 15 | 15 |
| BROWN CLAY | | 15 | 19 | 4 |
| BROWN SAND | | 19 | 34 | 15 |
| GREY SAND | | 34 | 55 | 21 |
| BLACK SILT | | 55 | 70 | 15 |
| GREY SAND | | 70 | 80 | 10 |
| GREY CLAY | | 80 | 81 | 1 |
| BROWN SAND | X | 81 | 93 | 12 |

8. WELL CONSTRUCTION
 Depth Drilled **93** Feet Depth Cased **93** Feet

HOLE DIAMETER (BIT SIZE)

| From | To |
|----------------------|-------------------------------|
| 10 3/4 Inches | 0 Feet 50 Feet |
| 6 1/8 Inches | 50 Feet 93 Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.9 | .188 | +1 | 93 |

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**

| From | To |
|----------------|----------------|
| 86 feet | 91 feet |
| _____ feet | _____ feet |
| _____ feet | _____ feet |
| _____ feet | _____ feet |
| _____ feet | _____ feet |

Surface Seal: Yes No Seal Type: Neat Cement *(2 1/2" seal)*
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **11.3** 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
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 *J. Byrne*
 By driller performing actual drilling on-site or contractor
 Date **4-29-97**

Date started **4/18/97**, 19____
 Date completed **4/18/97**, 19____

7. WELL TEST DATA

| TEST METHOD: | TEST METHOD: | |
|--|--------------|--------------|
| | G.P.M. | Time (Hours) |
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | 20 | 1 hr. |
| | | |
| | | |
| | | |