

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

OFFICE USE ONLY
 Log No. 68293
 Permit No. _____
 Basin 10
 36398
 NOTICE OF INTENT NO. _____

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 WALLACE/PERRY PROPERTY ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 710 W. WILLIAMS AVE. 325 RIVER VILLAGE
FALLON, NV 89406
 2. LOCATION NE 1/4 SE 1/4 Sec. 27 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. 8-421-84-30 RIVER VILLAGE
 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	15	15
BROWN CLAY		15	18	3
BROWN SAND		18	40	22
GREY SAND		40	80	40
BLACK SILT		80	120	40
BLACK / GREY SAND		120	150	30
GREY GRAVEL		150	160	10
GREY CLAY		160	165	5
BROWN SAND	X	165	181	16

8. WELL CONSTRUCTION
 Depth Drilled 181 Feet Depth Cased 181 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
6 1/8 Inches 50 Feet 181 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>181</u>

 Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 175 feet to 180 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 22.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

Date started 7/18/97 _____ 19____
 Date completed 7/18/97 _____ 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 Aug 7-97

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 STATE ENGINEERING BOARD