

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

OFFICE USE ONLY
 Log No. 69363
 Permit No. 101
 Basin _____
 34335
 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 **DAVE TOCKEY** ADDRESS AT WELL LOCATION **6240 PHELPS LANE**
 MAILING ADDRESS **960 AUCTION ROAD**
FALLON, NV 89406
 2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **30** T. **19** N/S **R 28** E **CHURCHILL** County
 PERMIT NO. _____ 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	15	15
BROWN CLAY		15	18	3
BROWN SAND		18	27	9
GREY SAND		27	40	13
GREY SANDS\CLAYS		40	60	20
GREY SAND		60	67	7
BROWN CLAY		67	70	3
BROWN SAND	X	70	83	13

8. WELL CONSTRUCTION
 Depth Drilled **83** Feet Depth Cased **83** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches **0** Feet **50** Feet
6 1/8 Inches **50** Feet **83** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 1/8	12.9	.188	+1	83

Perforations:
 Type perforation **MACHINE SLIT**
 Size perforation **.080**
 From **76** feet to **81** 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 **6.33** 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 **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 _____
 Date **8/5/96**
 By driller performing actual drilling on-site or contractor

Date started **8/5/96**, 19____
 Date completed **8/5/96**, 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	30		1 hr.

RECEIVED
 95 SEP -3 PM 2:12
 STATE ENGINEERS OFFICE