

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 69407
 Permit No. 101
 Basin 101

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. 419

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **AKINS CONSTRUCTION** ADDRESS AT WELL LOCATION
 MAILING ADDRESS **2160 RICE ROAD** **4270 SANTA FE**, Fallon, NV
FALLON, NV 89406

2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **28** T **19** N/S **R 28** E **CHURCHILL** County
 PERMIT NO. 008 401 60 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	40	22
GREY SAND		40	70	30
GREY CLAY		70	76	6
BROWN SAND		76	95	19
GREY SAND		95	150	55
GREY CLAY		150	154	4
BROWN SAND	X	154	167	13

8. WELL CONSTRUCTION
 Depth Drilled **167** Feet Depth Cased **167** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10 3/4	0	50	50	50
6 1/8	50	167	167	167

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	167

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

From **160** feet to **165** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement ben toate
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **15.6** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality **UNTESTED**

Date started **10/1/97**, 19____
 Date completed **10/1/97**, 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	30		1 hr.

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 **102697**