

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

OFFICE USE ONLY
 Log No. 69795
 Permit No. 101
 Basin 101

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

NOTICE OF INTENT NO. 36410

1. OWNER AKINS CONSTRUCTION ADDRESS AT WELL LOCATION 1265 VENTURACCI LANE
 MAILING ADDRESS 2160 RICE ROAD
FALLON, NV 89406

2. LOCATION SE 1/4 SE 1/4 Sec. 24 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. 00832280 3-32-86 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	20	20
BROWN CLAY		20	23	3
BROWN SAND		23	40	17
BROWN CLAY		40	46	6
GREY SAND		46	86	40
GREY CLAY		86	90	4
BROWN SAND/SILT	X	90	120	30
GREY CLAY		120	127	7

8. WELL CONSTRUCTION
 Depth Drilled 127 Feet Depth Cased 127 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
10 3/4	0	50
6 1/8	50	127

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	127

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080

From	To
90	103

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 10.5 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 [Signature] By driller performing actual drilling on-site or contractor
 Date 10 Dec 97

Date started 9/26/97 19
 Date completed 9/26/97 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M. <u>15</u>	<u>1 hr.</u>