

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

OFFICE USE ONLY  
 Log No. 72797  
 Permit No. \_\_\_\_\_  
 Basin 10  
 NOTICE OF INTENT NO. **36211**

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 **MICK CASEY** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **1550 S. ALLEN ROAD** **4240 TRENTO LANE, Fallon**  
**FALLON, NV 89406**  
 2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **12** T **19** N/S R **27** E **CHURCHILL** County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources \_\_\_\_\_ *not assigned yet* 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	22	22
GREY SAND&CLAY		22	40	18
BROWN SAND&CLAY		40	63	23
BLACK SAND&CLAY		63	82	19
BROWN SAND & GRAVEL		82	110	28
BLACK		110	129	19
GREY SAND		129	145	16
BLACK SAND & CLAY		145	195	50
BROWN SAND & GRAVEL	X	195	210	15

8. WELL CONSTRUCTION  
 Depth Drilled **210** Feet Depth Cased **210** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
**10 1/4** Inches **0** Feet **50** Feet  
**6 1/4** Inches **50** Feet **210** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	210

Perforations:  
 Type perforation **MACHINE SLOT**  
 Size perforation **.080**  
 From **198** feet to **208** 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

RECEIVED  
 28 SEP -3 AM 10:31  
 STATE ENGINEERS OFFICE

Date started **7/16/98**, 19\_\_\_\_  
 Date completed **7/20/98**, 19\_\_\_\_

9. WATER LEVEL  
 Static water level **18** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality **UNTESTED**

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	<b>25</b>		<b>1 hr.</b>

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 **8-28-98**