

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. 39634

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER MIKE CASEY ADDRESS AT WELL LOCATION 1940 PATTIE
 MAILING ADDRESS 1550 S. ALLEN ROAD
FALLON, NV 89406

2. LOCATION NW 1/4 NW 1/4 Sec. 20 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. _____ Parcel No. 8-172-16 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	12	
BROWN CLAY		12	15	3
BROWN SAND		15	35	20
GREY SAND		35	50	15
BLACK SILT		50	70	20
GREY SAND		70	80	10
BLACK CLAY		80	86	6
BLACK SAND		86	90	4
BLACK SILT	X	90	130	40

8. WELL CONSTRUCTION
 Depth Drilled 130 Feet Depth Cased 130 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0 Feet	50 Feet
6 1/4 Inches	50 Feet	130 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	130

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 125 feet to 129 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 18 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 JESUS MARRIEZCURENA Contractor
 Address P. O. BOX 888 Contractor
FALLON, NV 89406
 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 Jesus Marriezcurena
 By driller performing actual drilling on-site or contractor
 Date 01/15/99

Date started 12/4/98, 19____
 Date completed 1/15/99, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
AIR BLOWN	20		

RECEIVED
 99 FEB 10 AM 10:30
 STATE ENGINEERS OFFICE