

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

OFFICE USE ONLY
 Log No. 77801
 Permit No. _____
 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. **39437**

1. OWNER B. J. SELINDER ADDRESS AT WELL LOCATION 1505 MOODY
 MAILING ADDRESS 1505 MOODY 2220 Trails End
FALLON, NV 89406 _____
 _____ County

2. LOCATION NW 1/4 SE 1/4 Sec. 23 T 19 N/S R 28 E CHURCHILL
 PERMIT NO. _____ Parcel No. 008-252-22 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 |
|-----------|--------------|------|-----|-----------|
| BL SAND | | 0 | 5 | 5-440 |
| BL CLAY | | 5 | 15 | 10 |
| BL SAND | | 15 | 40 | 25 |
| GREY SAND | | 40 | 60 | 20 |
| GREY SAND | | 60 | 70 | 10 |
| GREY SAND | | 70 | 87 | 17 |
| GREY CLAY | | 87 | 93 | 6 |
| BL SILT | | 93 | 105 | 12 |
| BL CLAY | | 105 | 106 | 1 |
| BL SILT | X | 106 | 115 | 9 |

8. WELL CONSTRUCTION

Depth Drilled 115 Feet Depth Cased 115 Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|---------------|------|----------|
| 10 3/4 Inches | 0 | 50 Feet |
| 6 1/4 Inches | 50 | 115 Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.9 | .188 | +2 | 115 |

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080

| From | To |
|----------|----------|
| 108 feet | 114 feet |

Surface Seal: Yes No
 Depth of Seal 50FT
 Placement Method: Pumped Poured
 Gravel Packed: Yes No

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

9. WATER LEVEL
 Static water level 10 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 CORP. 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 [Signature]
 By driller performing actual drilling on-site or contractor
 Date 05/10/99

Date started 4/15/1999, 19____
 Date completed 5/10/1999, 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 | <u>20</u> | | <u>1 HR</u> |

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