

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

OFFICE USE ONLY
 Log No. 77809
 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. **37383**

1. OWNER **WMC MORTGAGE**
 MAILING ADDRESS **800 S. MEADOWS PARKWAY**
RENO, NV 89511

ADDRESS AT WELL LOCATION **1355 GOLDEN PARKWAY**

2. LOCATION **SE 1/4 SE 1/4 Sec. 24 T 19**
 PERMIT NO. _____
Issued by Water Resources

N/S R 28 E **CHURCHILL** County
VENTURACCI ESTATES
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	28	13
BROWN CLAY		28	34	6
BROWN SAND		34	39	5
GREY SAND		39	50	11
BLACK SILT/CLAY		50	60	10
GREY SAND/CLAY		60	60	0
GREY CLAY		60	74	14
GREY CLAY		74	80	6
BROWN SILT		80	84	4
BROWN SILT		84	95	11
BROWN SILT		95	110	15
GREEN SILT		110	127	17
GREY CLAY		127	133	6
BLACK SILT/CLAY	X	133	147	14
BLACK SILT/CLAY		147	159	12
GREY SAND/GRAVEL	X	159	167	8
GREY SAND/GRAVEL		167	179	12
BLACK SILT/CLAY		179	182	3
GREY SAND	X	182	187	5
GREY SAND	X	187	199	12
GREY CLAY		199	213	14
BROWN SAND/SILT	X	213	220	7
GREY SAND	X	220	235	15
GREY CLAY		235	247	12

8. WELL CONSTRUCTION
 Depth Drilled **247** Feet Depth Cased **247** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	100
6 1/4 Inches	100	247

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.080	+2	247

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**
 From **230** feet to **235** feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No

9. WATER LEVEL
 Static water level **18.9** 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 **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 _____
 By driller performing actual drilling on-site or contractor
 Date **03/01/98**

Date started **12/20/1997**, 19
 Date completed **3/1/1998**, 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	30	1 HR