

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

OFFICE USE ONLY
 Log No. 83905
 Permit No. _____
 Basin IDE

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. **45869**

1. OWNER KURT HENNING ADDRESS AT WELL LOCATION 1713 RICE ROAD
 MAILING ADDRESS P. O. BOX 5128
FALLON, NV 89406

2. LOCATION SE 1/4 SE 1/4 Sec. 24 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. N/A 008-312-67 N/A
Issued by Water Resources 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
TOP SOIL		0	1	1
BROWN SAND		1	14	13
BROWN CLAY		14	16	2
BROWN SAND		16	30	14
BROWN CLAY		30	31	1
GREY SAND		31	50	19
BLK SILT/CLAY		50	70	20
BROWN SILT		70	90	20
GREY SAND		90	115	25
GREY CLAY		115	120	5
GREY SAND		120	130	10
GREY CLAY		130	131	1
GREY SAND		131	142	11
GREY CLAY		142	150	8
GREY SAND / CLAY		150	190	40
MC & GREY SANDS		190	230	40
GREY CLAY		230	232	2
BROWN SAND		232	242	10

8. WELL CONSTRUCTION
 Depth Drilled 242 Feet Depth Cased 242 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 100 Feet
10 3/4 Inches
 From 100 Feet To 242 Feet
6 5/8 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	242

Perforations:
 Type perforation HOLTE PERFORATOR
 Size perforation _____
 From 236 feet to 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 100'
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30'8" 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 772
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 6/20/2001

Date started 6/8/2001, 19
 Date completed 6/1/2001, 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	<u>25 GPM</u>		<u>1 HR</u>