WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 83907
Permit No.
Basin

NOTICE OF INTENT NO. 045877

1. OWNER CONTINENTAL EQUIPMENT
MAILING ADDRESS 111 RENO HWY HAZEN
FALLON, NV 89406

ADDRESS AT WELL LOCATION 111 RENO HWY HAZEN

2. LOCATION SW 1/4 SE 1/4 Sec. 1 T 19 N/S R 26 E CHURCHILL County
PERMIT NO. Issued by Water Resources | Parcel No. | Subdivision Name

3. WORK PERFORMED
[ ] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other

4. PROPOSED USE
[ ] Domestic [ ] Irrigation [ ] Test
[X] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
EXISTING 8 5/8" PIPE EXTENDED TO BOTTOM. PERFFED TO TOP AND GROUTED BY PUMP-BOTTOM TO TOP				

Date started 5/27/2001, 19__
Date completed 5/28/2001, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	24	.250	0	55

Perforations:
Type perforation HOLTE PERFORATOR
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal ABANDONED TO BOTTOM
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality ____

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 ____ By driller performing actual drilling on-site or contractor
Date 6/4/2001

USE ADDITIONAL SHEETS IF NECESSARY