

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 83917
 Permit No. _____
 Basin _____

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. **45874**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **CARDIN CONSTRUCTION**
 MAILING ADDRESS **P. O. BOX 1528**
FALLON, NV 89406
 ADDRESS AT WELL LOCATION **40 LEWIS LANE**
 County **CHURCHILL**

2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **28** T **19** N/S R **28** E
 PERMIT NO. **N/A** **8-493-50** Parcel No. _____
 Issued by Water Resources _____

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

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

5. WELL TYPE
 Cable
 Air
 Rotary
 Other
 RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	1	1
BR SAND		1	16	15
BR CLAY		16	20	4
BR SAND		20	35	15
BR CLAY		35	38	3
GREY SAND		38	55	17
GREY CLY		55	58	3
GREY SAND		58	73	15
GREY CLAY		73	75	2
BR SAND		75	85	10
BR CLAY		85	88	3
GREY SAND		88	105	17
GREY SASND/CLAY		105	130	25
GREY SAND & GRAVELS		130	142	12
GREY CLAY		142	150	8
BROWN SAND	X	150	158	8

8. WELL CONSTRUCTION
 Depth Drilled **158** Feet
 Depth Cased **158** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	100
6 5/8 Inches	100	158

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	158

Perforations:
 Type perforation **HOLTE PERFORATOR**
 Size perforation _____

From	To
152 feet	156 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ 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 **31'2"** 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 **5/9/2001**, 19
 Date completed **6/8/2001**, 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	15 GPM		1 HR