

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 88132
 Permit No. 101
 Basin 101

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. 45893

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER TONY ERQUIAGA ADDRESS AT WELL LOCATION WADE LANE
 MAILING ADDRESS 2515 LOVELOCK HWY
FALLON, NV 89406

2. LOCATION SE 1/4 SE 1/4 Sec. 13 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. 7-431-15 Parcel No. 7-431-15 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	12	11
BROWN CLAY		12	15	3
BROWN SAND		15	40	25
BROWN CLAY		40	43	3
GREY SAND		43	70	27
GREY CLAY		70	71	1
GREY SAND		71	89	18
BROWN CLAY		89	92	3
BROWN SAND	X	92	104	12

8. WELL CONSTRUCTION
 Depth Drilled 104 Feet Depth Cased 104 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 1/4 Inches	0	50
6 5/8 Inches	50	104

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	104

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080

From	To
98 feet	102 feet
feet	feet
feet	feet
feet	feet
feet	feet

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 9'3" 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 2199
 Signed [Signature]
 Date 4/22/2002

Date started 1/15/2002 19
 Date completed 3/28/2002 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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