

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

OFFICE USE ONLY
 Log No. 88233
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. **51018**

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

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **PAT O'CONNOR**
 MAILING ADDRESS **4455 RENO HWY FALLON, NV 89406**
 ADDRESS AT WELL LOCATION **470 LEWIS LANE**
 2. LOCATION **SW 1/4 NE 1/4 Sec. 28 T 19 N/S R 28 E** **CHURCHILL** County
 PERMIT NO. _____ Parcel No. **8-493-16** Subdivision Name _____
 Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition Other
 Deepen Abandon

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
GREY CLAY		120	123	3
MC GRAVELS		123	155	32
BROWN CLAY		155	159	4
BROWN SILT		159	180	21
BROWN CLAY		180	190	10
BROWN SILT		190	205	15
BROWN GRAVEL	X	205	220	15
TOP SOIL		0	1	1
BROWN SAND		1	17	16
BROWN CLAY		17	19	2
BROWN SAND		19	30	11
GREY SAND		30	55	25
GREY CLAY		55	60	5
GREY SILT/SAND		60	74	14
BROWN CLAY		74	87	13
BROWN CLAY		87	90	3
BLK SILT /CLAY		90	120	30

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10 3/4	0	100	Feet	Feet
6 1/8	100	220	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	220

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**

From	To	Feet	Feet
214	218	feet to	feet
		feet to	feet

Surface Seal: Yes No
 Depth of Seal **50**
 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 **16'8"** 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 **2199**
 Signed  By driller performing actual drilling on-site or contractor
 Date **11/5/2002**

Date started **6/21/2002**, 19____
 Date completed **10/6/2002**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
20		1 HOUR	