

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

OFFICE USE ONLY
 Log No. 89393
 Permit No. _____
 Basin 101

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. **48972**

OWNER **KOPAS KONSTRUCTION**
 MAILING ADDRESS **P. O. BOX 5024**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **1900 STRASDIN LANE**

2. LOCATION **SW 1/4 SW 1/4 Sec. 32 T 19 N/S R 28 E CHURCHILL** County
 PERMIT NO. _____ Issued by Water Resources **8-671-28** 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	X	0	1	1
BROWN SAND		1	10	9
BROWN CLAY		10	13	3
BROWN SAND		13	35	22
BROWN CLAY		35	40	5
BROWN SAND		40	55	15
GREY SAND		55	75	20
GREY CLAY		75	77	2
BROWN SAND		77	88	11
BROWN CLAY		88	90	2
GREY SAND		90	120	30
BLACK SILT		120	140	20
GREY SAND/CLAY		140	149	9
BROWN SAND/GRAVELS	X	149	158	9

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

HOLE DIAMETER (BIT SIZE)

From	To
10 3/4 Inches	0 Feet 100 Feet
16 1/8 Inches	100 Feet 158 Feet

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 **MACHINE SLOT**
 Size perforation **.080**

From	To
152 feet	156 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 **13'6"** 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]*
 By driller performing actual drilling on-site or contractor
 Date **4/18/2003**

Date started **4/7/2003**, 19
 Date completed **4/7/2003**, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25	1 HR
G.P.M.		