

PRINT OR TYPE ONLY
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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. **48979**

OWNER **AKINS CONSTRUCTION**
 MAILING ADDRESS **1919 GRIMES #A**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **688 SUNRISE**

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **24** T **19**
 PERMIT NO. **8-314-60**
Issued by Water Resources Parcel No.

N/S R **28** E **CHURCHILL** County

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 | Thickness |
|-------------|--------------|------|-----|-----------|
| TOP SOIL | | 0 | 1 | 1 |
| BROWN SAND | | 1 | 15 | 14 |
| BROWN CLASY | | 15 | 17 | 2 |
| BROWN SAND | | 17 | 40 | 23 |
| GREY SAND | | 40 | 60 | 20 |
| GREY CLAY | | 60 | 70 | 10 |
| GREY SAND | | 70 | 85 | 15 |
| GREY CLAY | | 85 | 90 | 5 |
| BROWN SAND | X | 90 | 101 | 11 |

8. WELL CONSTRUCTION

Depth Drilled **101** Feet Depth Cased **101** Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|---------------|------|-----|
| 10 3/4 Inches | 0 | 90 |
| 6 1/8 Inches | 90 | 101 |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.9 | .188 | +2 | 101 |

Perforations:

Type perforation **MACHINE SLOT**

Size perforation **.080**

| | | | | |
|------|----|---------|----|------|
| From | 94 | feet to | 99 | feet |
| From | | feet to | | feet |
| From | | feet to | | feet |
| From | | feet to | | feet |
| From | | feet to | | feet |

Surface Seal: Yes No

Depth of Seal **90**

Placement Method: Pumped

Paired

Seal Type:

Neat Cement

Cement Grout

Concrete Grout

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level **11** 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 **4/4/2003**, 19
 Date completed **4/4/2003**, 19

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 30 | | 1 HR |