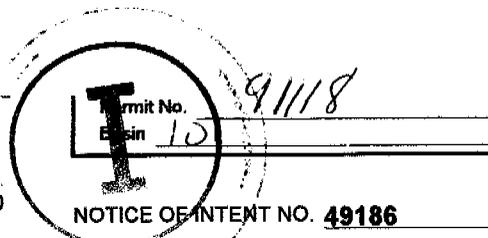


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# WELL DRILLER'S REPORT

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



1. OWNER **TONY MYERS**  
MAILING ADDRESS **1199 BRIGGS LANE**  
**FALLON, NV 89406**

ADDRESS AT WELL LOCATION **1199 BRIGGS**

2. LOCATION **NE** 1/4 **NE** 1/4 Sec. **29** T **19** N/S R **28** E **CHURCHILL** County  
PERMIT NO. **008-531-50** Issued by Water Resources 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	Thickness
TOP SOIL		0	1	
BROWN SAND		1	25	24
BROWN CLAY		25	28	3
BROWN SAND		28	35	7
GREY SAND		35	39	4
BROWN SAND		39	45	6
BROWN CLAY		45	48	3
GREY SAND/CLAY		48	60	12
GREY SAND		60	80	20
GREY CLAY		80	81	1
BROWN SAND	X	81	91	10

8. WELL CONSTRUCTION  
 Depth Drilled **91** Feet    Depth Cased **91** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 inches	0	50
6 5/8 inches	50	91

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	91

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

From	To
84 feet	89 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

9. WATER LEVEL  
 Static water level **12'8"** 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 **8/7/2003**

Date started **7/14/2003** 19  
 Date completed **7/15/2003** 19

7. WELL TEST DATA

TEST METHOD:  Bailor     Pump     Air Lift

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

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 03 AUG 11 PM 12:50  
 STATE ENGINEERS OFFICE