

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 11084
 Permit No. _____
 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. **48971**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

OWNER **AKINS CONSTRUCTION**
 MAILING ADDRESS **2160 RICE ROAD**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **4250 SANTA FE**

2. LOCATION **SW 1/4 NE 1/4 Sec. 28 T 19**
 PERMIT NO. **8-401-59**
 Issued by Water Resources Parcel No. _____

N/S R 28 E **CHURCHILL** County
 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	
BROWN SAND		1	12	11
BROWN CLAY		12	16	4
BROWN SAND		16	35	19
GREY SAND		35	50	15
BLACK SILT/CLAY		50	75	25
GREY SAND		75	85	10
GREY CLAY		85	86	1
BROWN SAND		86	96	10
BROWN CLAY		96	97	1
GREY SAND		97	128	31
GREY CLAY		128	130	2
GREY SAND		130	150	20
GREY CLAY		150	152	2
BROWN SAND	X	152	165	13

8. WELL CONSTRUCTION
 Depth Drilled **165** Feet Depth Cased **165** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	100
6 1/8 Inches	100	165

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	165

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**
 From **158** feet to **163** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **100**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started **6/4/1903** 19____
 Date completed **6/5/1903** 19____
2003
0 NF FS-04

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
230		1.5

9. WATER LEVEL
 Static water level **24'3"** 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]*
 By driller performing actual drilling on-site or contractor
 Date **6/24/2003**