

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 91705
 Permit No. _____
 Basin 107

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **48981**

OWNER MIKE CASEY
 MAILING ADDRESS 3025 YORK LANE
FALLON, NV 89406

ADDRESS AT WELL LOCATION 3025 YORK LANE

2. LOCATION SE 1/4 NE 1/4 Sec. 27 T 19
 PERMIT NO. _____
 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
BROWNN CLAY		12	20	8
BROWN SAND		20	38	18
BROWN CLAY		38	40	2
GREY CLAY		40	70	30
GREY CLAY		70	76	6
BROWN SAND	X	76	90	14

8. WELL CONSTRUCTION
 Depth Drilled 90 Feet Depth Cased 90 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>103/4</u> Inches	0	50
<u>6 1/8</u> Inches	50	90

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>+1</u>	<u>90</u>

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080

From	To
<u>83</u> feet to	<u>88</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal: Yes No
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

9. WATER LEVEL
 Static water level 11'4" 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

Date started 5/31/2003, 19____
 Date completed 5/20/1903 2003, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>1 HR</u>	

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 6/17/2003