

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. 92229  
 Permit No. \_\_\_\_\_  
 Basin 101  
 NOTICE OF INTENT NO. **54450**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER **JOHN & JUDY DELFRATE**  
 MAILING ADDRESS **1335 ALLEN ROAD**  
**FALLON, NV 89406**

ADDRESS AT WELL LOCATION **1335 ALLEN ROAD**

2. LOCATION **NW 1/4 SW 1/4 Sec. 36 T 19 N/S R 28 E** **CHURCHILL** County

PERMIT NO. **008-851-26** 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		0	1	
BROWN SAND		1	17	16
BROWN CLAY		17	20	3
BROWN SAND		20	35	15
BROWN CLAY		35	37	2
GRAY SAND		37	60	23
GRAY CLAY		60	63	3
GRAY SAND		63	70	7
GRAY CLAY		70	75	5
GRAY SAND		75	95	20
GRAY CLAY		95	99	4
BROWN SAND	X	99	110	11

8. WELL CONSTRUCTION  
 Depth Drilled **110** Feet Depth Cased **110** Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<b>10 3/4</b> Inches	<b>0</b> Feet	<b>50</b> Feet	
<b>6 1/4</b> Inches	<b>50</b> Feet	<b>110</b> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.9</b>	<b>.188</b>	<b>+2</b>	<b>110</b>

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

From <b>103</b> feet to <b>108</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **14'** 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 **2/14/200**

Date started **1/16/2004** 19  
 Date completed **1/17/2004** 19

7. WELL TEST DATA

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

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