

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 92250
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 54395

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

OWNER MIKE CASEY ADDRESS AT WELL LOCATION 2040 BIRCH
 MAILING ADDRESS 1550 S ALLEN ROAD
FALLON, NV 89406
 2. LOCATION SW 1/4 NW 1/4 Sec. 35 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. _____ Parcel No. 008-831-74 Subdivision Name _____
 Issued by Water Resources _____

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	20	19
BROWN CLAY		20	25	5
BROWN SAND		25	35	10
BROWN CLAY		35	39	4
GRAY SAND		39	69	30
GRAY CLAY		69	75	6
GRAY SAND		75	78	3
GRAY CLAY		78	88	10
GRAY SAND		88	100	12
GRAY CLAY		100	105	5
BROWN SILT		105	120	15
BROWN CLAY		120	130	10
GRAY SAND		130	170	40
GRAY CLAY		170	185	15
GRAY SAND		185	200	15
BROWN SILT/CLAY		200	220	20
BROWN SAND	X	220	230	10

8. WELL CONSTRUCTION
 Depth Drilled 230 Feet Depth Cased 230 Feet
 HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>50</u> Feet
<u>6 1/4</u> Inches	<u>50</u> Feet <u>230</u> Feet

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>+2</u>	<u>230</u>

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 223 feet to 228 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 38' 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 2/14/200

Date started 1/22/2004 19
 Date completed 1/22/2004 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	<u>20</u>		<u>1 HR</u>

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