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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

NOTICE OF INTENT NO. 49198

1. OWNER AKINS CONSTRUCTION ADDRESS AT WELL LOCATION 4949 RIVERS EDGE
 MAILING ADDRESS _____
FALLON, NV 89406
 2. LOCATION SW 1/4 SW 1/4 Sec. 28 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 008-192-63 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	-146
BROWN SAND		1	18	17
BROWN CLAY		18	24	6
BROWN SAND		24	40	16
BROWN CLAY		40	43	3
GRAY SAND		43	70	27
GRAY CLAY		70	75	5
BROWN SAND		75	88	13
BROWN CLAY		88	90	2
GRAY SAND		90	120	30
GRAY CLAY		120	123	3
BROWN SAND	X	123	147	24

RECORDED
 93 DEC 16 AM 10:2
 J. H. HARRIS, CLERK

8. WELL CONSTRUCTION
 Depth Drilled 147 Feet Depth Cased 147 Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To
10	0	100
6	100	147

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	147

Perforations:
 Type perforation MACHINE SLIT
 Size perforation .080
 From 140 feet to 145 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 Packad: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 28' 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 11/21/03

Date started 10/31/2003 .19
 Date completed 10/16/2003 .19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>		<u>1 HR</u>