

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

OFFICE USE ONLY
 Log No. 43941
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.320

NOTICE OF INTENT NO. **53069**

1. OWNER **CASEY PROPERTIES/THOMSEN** ADDRESS AT WELL LOCATION **5510 CALEB**
 MAILING ADDRESS **5510 CALEB**
FALLON, NV 89406

2. LOCATION NE 1/4 SE 1/4 Sec. 20 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. _____ Issued by Water Resources 8-173-41 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
BROWN SAND	X	108	118	10
TOP SOIL		0	1	01
BROWN SAND		1	15	14
BROWN CLAY		15	18	3
BROWN SAND		18	30	12
GRAY SANDS		30	60	30
GRAY CLAY		60	65	5
GRAY SAND		65	100	35
GRAY CLAY		100	108	8

8. WELL CONSTRUCTION
 Depth Drilled 118 Feet Depth Cased 118 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 inches	0	50
6 inches	50	118

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	118

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

From	feet to	feet
111	116	feet
		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 15.7 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 7/25/2004

Date started 6/12/2004 19
 Date completed 6/22/2004 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 type="checkbox"/> Air Lift	<u>20</u>		<u>1 HR</u>

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