

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

OFFICE USE ONLY  
 Log No. 95988  
 Permit No. 101  
 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 534.340

NOTICE OF INTENT NO. **54402**

1. OWNER **KOPAS KONSTRUCTION** ADDRESS AT WELL LOCATION **1720 SODA LAKE ROAD**  
 MAILING ADDRESS **P.O. BOX 5024**  
**FALLON, NV 89406**

2. LOCATION **SW 1/4 SW 1/4 Sec. 16 T 19 N/S R 28 E** **CHURCHILL** County  
 PERMIT NO. **008-211-04** Parcel No. **008-211-04** 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	
BROWN SAND		1	15	14
BROWN CLAY		15	21	6
BROWN SAND		21	30	9
GRAY SAND/CLAY		30	40	10
GRAY SANDS		40	70	30
BLACK SILT/CLAY		70	80	10
GRAY SAND		80	91	11
GRAY CLAY		91	94	3
BROWN SANDS/GRAVEL	X	94	107	13

8. WELL CONSTRUCTION  
 Depth Drilled **107** Feet Depth Cased **107** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10 3/4** Inches To **0** Feet  
 From **6** Inches To **50** Feet  
 From **50** Feet To **107** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	107

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

From **100** feet to **105** 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 **26** 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** Contractor  
 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 **6/6/2004**

Date started **5/9/2004** 19  
 Date completed **5/9/2004** 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>30</b>	<b>1 HR</b>

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