

COPIES TO
 -- DIVISION OF WATER RESOURCES
 -- CLIENT'S COPY
 -- WELL DRILLER'S COPY

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. 96277
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY

1. OWNER **CASEY PROPERTIES**
 MAILING ADDRESS **4240 RENO HWY**
FALLON, NV 89406
 ADDRESS AT WELL LOCATION **6262 LAKEVIEW**
FALLON, NV 89406
 NOTICE OF INTENT NO. **53112**

2. LOCATION **NE 1/4 SE 1/4 Sec 18 T 19 N R 28 E** **CHURCHILL** County
 PERMIT NO. **008-113-20**
Issued by Water Resources 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	Thickness
TOP SOIL		0	1	1
BROWN SAND		1	10	9
BROWN CLAY		10	20	10
GRAY SANDS		20	40	20
GRAY CLAY		40	55	15
GRAY SANDS		55	70	15
GRAY CLAY		70	75	5
GRAY SANDS	X	75	95	20

8. WELL CONSTRUCTION
 Depth Drilled **95** Feet Depth Cased **95** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50
6 Inches	50	95
_____ Inches	_____	_____

 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	0	95

Perforations:
 Type perforation **MACHINE**
 Size perforation **.080**
 From **89** feet to **93** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **24** 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)

Date started **APRIL 28**, 20 **05**
 Date completed **APRIL 28**, 20 **05**

7. WELL TEST DATE

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

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 WELSCO
 By driller performing actual drilling on site or contractor
 Date **05/02/05**