

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

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

OFFICE USE ONLY
 Log No. 98273
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **54918**

1. OWNER **LYNN WEEK** ADDRESS AT WELL LOCATION **222 RENO HWY HAZEN**
 MAILING ADDRESS **4050 ALLEN ROAD** **FALLON, NV 89406**

2. LOCATION **SW 1/4 NE 1/4 Sec 35 T 20 N R 26 E** **CHURCHILL** County

PERMIT NO. **71158** Parcel No. **009-271-55** 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	1
BROWN CLAY		1	3	2
GRAVELS		3	10	7
BROWN CLAY		10	20	10
GRAY CLAY		20	45	25
GREEN CLAY		45	80	35
GRAVELS		80	120	40
GREEN SHALE/CLAY		120	180	60
BLACK SANDS		180	200	20
BLACK CLAYS		200	220	20
BLACK SANDS	X	220	235	15

RECEIVED
 2005 OCT 20 PM 12:18
 STATE ENGINEERS OFFICE

corrections on log made by RC via phone call w/ Jim B. Apple 12-21-05

RC

8. WELL CONSTRUCTION
 Depth Drilled **235** Feet Depth Cased **235** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches **0** Feet **100** Feet
6 Inches **100** Feet **235** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5.000	13.75	.188	0	234 235
5	11			

Perforations:
 Type perforation **MACHINE SLIT**
 Size perforation **.080**
 From **228** feet to **232** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **7'9"** 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 **AUGUST 5, 20 05**
 Date completed **AUGUST 7, 20 05**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
	100+		2HR

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 _____
 By driller performing actual drilling on site or contractor
 Date **SEPT 15 2005**