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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. 21121
800 Copperwood

1. OWNER Kopas Construction ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO BOX 1885 _____
FALLEN NV 89407 _____
 2. LOCATION SE 1/4 SE 1/4 Sec 29 T 19 N/S R 28 E Churchill County
Copperwood
 PERMIT NO. 05-651-82 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	Thick-ness
Sand		0	12	12
course sand		12	19	7
Brown Clay		19	28	9
Silt	X	28	41	13
Black Clay		41	46	5
Black Silt	X	46	54	8
Grey silt		54	64	10
Sand & Gravel	X	64	87	13

8. WELL CONSTRUCTION
 Depth Drilled 87 Feet Depth Cased 87 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet 50 Feet
 To 6 Inches 50 Feet 87 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.2</u>	<u>.188</u>	<u>0</u>	<u>87</u>

Perforations:
 Type perforation Machine slot
 Size perforation 40 thou
 From _____ feet to _____ feet
 From 81 feet to 85 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 9-3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started Feb 16, 1993
 Date completed Feb 16, 1993

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>40</u>		<u>1</u>	

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 Box 888 Contractor
FALLEN NV
 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 172
 Signed Welsco
 By driller performing actual drilling on site or contractor
 Date 3-26-93