

OFFICE USE ONLY
 Log No. 42179
 Permit No. _____
 Basin 8-101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 81128

1. OWNER J. Carter ADDRESS AT WELL LOCATION 1715 Moody Lane
 MAILING ADDRESS _____

2. LOCATION SW 1/4 SE 1/4 Sec 23 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. _____ 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	16	16
Clay		16	24	8
Silty Sand	X	24	29	5
Clay		29	34	5
Sand	X	34	42	8
Black Clay		42	46	4
Black Sand	X	46	61	15
Grey Sand	X	61	88	27
Brown Sand	X	88	107	19

8. WELL CONSTRUCTION
 Depth Drilled 105 Feet Depth Cased 105 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 8 Feet 50 Feet
6 Inches 50 Feet 105 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.578</u>	<u>12.9</u>	<u>.188</u>	<u>+1</u>	<u>105</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .063
 From _____ feet to _____ feet
 From 100 feet to 105 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 13-8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-7-93, 19____
 Date completed 7-7-93, 19____

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>20</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 Contractor
 Address Box 888 Contractor
Fallon
 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 772
 Signed W. Bille
 By driller performing actual drilling on site or contractor
 Date _____