

085-1

WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—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. 43200

Permit No. _____

Basin B-10

NOTICE OF INTENT NO. 19252

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

1. OWNER NAS FALLON ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
NAS FALLON, NEVADA NAS FALLON, NEVADA

2. LOCATION NE 1/4 NW 1/4 Sec. 15 T. 18 N. 29 E. CHURCHILL County

PERMIT NO. M/D-200-B 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 AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>FILL - SILTY SAND</u>		<u>0</u>	<u>2.0</u>	<u>2.0</u>
<u>SAND</u>		<u>2.0</u>	<u>4.5</u>	<u>2.5</u>
<u>CLAY - 20% SAND</u>		<u>4.5</u>	<u>11.0</u>	<u>17.5</u>
<u>SAND (SOME SILTY SAND)</u>		<u>4.5</u>	<u>17.0</u>	<u>12.5</u>
<u>CLAY</u>		<u>17.0</u>	<u>20.0</u>	<u>3.0</u>

8. WELL CONSTRUCTION

Depth Drilled 20 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

From 8 Inches To 0 Feet 20 Feet

Inches _____ Feet _____ Feet

Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>70</u>	<u>.28</u>	<u>3.0</u>	<u>5.0</u>

Perforations:

Type perforation MACHINE SLOTTED (MONOFLEX)

Size perforation 1.020

From 5.0 feet to 20.0 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 3.5

Placement Method: Pumped Poured

Gravel Packed: Yes No 20.0 feet

From 3.5 feet to _____ feet

9. WATER LEVEL

Static water level 7.5 feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature _____ °F Quality _____

Date started 6/3, 1993

Date completed 6/3, 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name P.C. Exploration Contractor

Address 1125 W. 650 N. CENTERVILLE, UT 84014 Contractor

Nevada contractor's license number issued by the State Contractor's Board _____

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1815

Signed Randy [Signature]

By driller performing actual drilling on site or contractor

Date 11-29-93