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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. 26344

1. OWNER Mike Muroz ADDRESS AT WELL LOCATION 655 Sunshine
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 6 T. 18 N/S R. 29 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
Brown Sand	✓	0	14	14
Brown Clay		14	18	4
Brown Sand	✓	18	30	22
Black Sand	✓	30	47	17
Black Silt	✓	47	67	20
Grey Sand	✓	67	87	20
Grey Sandy Clay		87	100	13
Brown Sand	✓	100	112	12

8. WELL CONSTRUCTION
 Depth Drilled 112 Feet Depth Cased 112 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 112 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>11</u>	<u>112</u>

Perforations:
 Type perforation Machine Slot
 Size perforation .080
 From _____ feet to _____ feet
 From 105 feet to 110 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 12' - 4 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started MAY, 1997
 Date completed MAY, 1997

7. WELL TEST DATA

TEST METHOD:	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>45</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 J.W. Biffle - Welco Contractor
 Address Box 888 Fallon Nev. Contractor
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date MAY 8-97