

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

OFFICE USE ONLY
 Log No. 65302
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 18456

1. OWNER AKINS CONSTRUCTION ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2160 RICE ROAD 5730 RIVERS EDGE
FALLON, NV 89406

2. LOCATION SE 1/4 NW 1/4 Sec. 29 T 19N N/S R 28E E CHURCHILL County
 PERMIT NO. 855127 Parcel No. _____ 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
BROWN SAND		0	18	18
BROWN CLAY		18	21	3
BROWN SAND		21	35	14
GREY SAND		35	60	25
BLACL SILT/CLAY		60	87	27
GREY SAND		87	95	8
BROWN CLAY		95	97	2
BROWN SAND	X	97	113	16

8. WELL CONSTRUCTION
 Depth Drilled 113 Feet Depth Cased 113 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
8 3/4 Inches 50 Feet 113 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	113

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 106 feet to 111 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 25 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 Drilling Corp.
 Contractor
 Address 305 E. WILLIAMS AVE. P. O. BOX 888
 Contractor
FALLON, NV 89407

Date started 1/30/97 . 19
 Date completed 1/31/97 . 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>	<u>1 hr.</u>	

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 1996
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 2-14-97