

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

OFFICE USE ONLY
 Log No. 67955
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 34667

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

1. OWNER **AKINS CONSTRUCTION** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2160 RICE ROAD** **588 SUNRISE TERRACE**
FALLON, NV 89406

2. LOCATION **SW 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E E CHURCHILL** County
 PERMIT NO. **831238** 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	15	15
BOWN CLAY		15	19	4
BROWN SAND		19	34	15
GREY SAND		34	55	21
BLACK SILT		55	70	15
GREY SAND		70	80	10
GREY CLAY		80	81	1
BROWN SAND	X	81	90	9

97455-00-0110-19
 SW 1/4 SEC 19 T 19N R 29E E CHURCHILL CO NV

8. WELL CONSTRUCTION
 Depth Drilled **90** Feet Depth Cased **90** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches **0** Feet **50** Feet
6 1/8 Inches **50** Feet **90** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	90

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**
 From **83** feet to **88** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement *Pen seal*
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **11.2** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality **UNTESTED**

Date started **4/18/97**, 19____
 Date completed **4/18/97**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20		1 hr.

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
 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 **4-29-97**