

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

OFFICE USE ONLY
 Log No. 77797
 Permit No. _____
 Basin 10

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. **39432**

1. OWNER **ELLA JOHNSTON-LEGER**
 MAILING ADDRESS **3985 PHELAN BLVD**
BEAUMONT, TX 77707

ADDRESS AT WELL LOCATION **LOT # 16 RIVERS EDGE**
5020 Rivers Edge

2. LOCATION **SW 1/4 SW 1/4 Sec. 28 T 19 N 28 E** **CHURCHILL** County
 PERMIT NO. _____ **RIVERS EDGE** Subdivision Name
 Issued by Water Resources _____ Parcel No. 208-493-47

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
BR SAND		0	10	
BR CLAY		10	13	3
BR CLAY		13	25	12
GR SAND		25	50	25
GR CLAY		50	53	3
BLK SILT CLAY		53	70	17
GR SAND		70	80	10
GR CLAY		80	84	4
BLACK SAND		84	94	10
GR SAND&CLAY		94	130	36
GREY SAND		130	142	12
GREY CLAY		142	145	3
BLACK SAND	X	145	154	9

8. WELL CONSTRUCTION
 Depth Drilled **154** Feet Depth Cased **154** Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 100 Feet
 10 3/4 Inches
 From 100 Feet To 154 Feet
 6 1/4 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	154

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**
 From **148** feet to **152** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** 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 CORP.** Contractor
 Address **P. O. BOX 888** Contractor
FALLON, NV 89406
 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 **05/10/99**

Date started **4/1/1999**, 19____
 Date completed **5/10/1999**, 19____

7. WELL TEST DATA

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

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 99 MAY 21 AM 10:59
 STATE ENGINEERS OFFICE