

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

OFFICE USE ONLY
 Log No. 79702
 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. 43640

1. OWNER **KOPAS KONSTRUCTION**
 MAILING ADDRESS **P. O. BOX 5024**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **5077 SANDALWOOD**
 N/S R 28 E **CHURCHILL** County

2. LOCATION **SE 1/4 SE 1/4 Sec. 29 T 19**
 PERMIT NO. _____
 Issued by Water Resources Parcel No. 8-653-07

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
BR SAND		0	12	12
BR CLAY		12	18	6
BR SAND		18	30	12
BR CLAY		30	32	2
GREY SAND		32	70	38
GREY CLAY		70	71	1
RED SILT		71	83	12
BR CLAY		83	89	6
GREY SAND		89	120	31
GREY CLAY		120	125	5
GREY SAND/CLAY		125	150	25
GREY CLAY		150	153	3
BR SAND/CLAY	X	153	165	12

8. WELL CONSTRUCTION
 Depth Drilled 165 Feet Depth Cased 165 Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 5/8 Inches	0 Feet To 165 Feet
Inches	Feet 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	+2	165

Perforations:
 Type perforation **MACHINE PERF**
 Size perforation **.080**
 From 159 feet to 163 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 50'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

9. WATER LEVEL
 Static water level 15'4" 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

Date started 3/4/2000, 19____
 Date completed 3/9/2000, 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>15</u>		<u>1 HR</u>
	<u>15</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 _____
 By driller performing actual drilling on-site or contractor
 Date 3/22/2000