WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 81068
Permit No.
Basin 01

NOTICE OF INTENT NO. 43658-A

1. OWNER LYNN WEEKS/CONTINENTAL EQUIPMENT
MAILING ADDRESS 111 RENO HWY
HAZEN, NV 89406

ADDRESS AT WELL LOCATION 111 RENO HWY PERMIT #S ~~64215,59136,59137,64213,64214~~

2. LOCATION SE 1/4 SW 1/4 Sec. 1 T 19 N/S R 26 E CHURCHILL County
PERMIT NO. 59136, 59137 Issued by Water Resources | Parcel No. | Subdivision Name

3. WORK PERFORMED
[ ] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other

4. PROPOSED USE
[ ] Domestic [ ] Irrigation [ ] Test
[X] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CASING PERFORATED WITH				
HOLTE PERFORATOR, NEAT				
CEMENT PUMPED BOTTOM				
TO TOP–5 YARDS NEAT				
CEMENT				

Date started 5/19/2000 , 19__
Date completed 5/19/2000 , 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	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	+3	127

Perforations:
Type perforation HOLTE PERFORATOR
Size perforation
From 50 feet to 127 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 127
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

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 6/25/2000

USE ADDITIONAL SHEETS IF NECESSARY