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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 48775

1. OWNER JIM WALKER ADDRESS AT WELL LOCATION 4350 PORTUGUESE LN
 MAILING ADDRESS _____

2. LOCATION NW 1/4 SW 1/4 Sec. 1 T. 19 N/S R. 30 E Churchill County
 PERMIT NO. 009-032-25 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
clay		0	10	10
sand		10	40	30
sand & Black Clay		40	90	50
Green Clay		90	95	5
sand		95	103	8

8. WELL CONSTRUCTION
 Depth Drilled 103 Feet Depth Cased 103 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 103 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6"</u>	<u>3.2</u>	<u>.280</u>	<u>0</u>	<u>73</u>

Perforations:
 Type perforation 5 HOLES
 Size perforation 1/8 x 5"
 From 98 feet to 103 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 98 feet to 103 feet

9. WATER LEVEL
 Static water level 2' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality unknown

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name FARRELS DRILLING CO Contractor
 Address P.O. Box 5205 Contractor
Fallon, NV 89407
 Nevada contractor's license number 47145 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 3082
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-29-00

Date started 7-30-00
 Date completed 7-31-00

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>15</u>	<u>10</u>	<u>4</u>