

OFFICE USE ONLY
 Log No. 81466
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 20297

1. OWNER Roy Back ADDRESS AT WELL LOCATION 4520 Alcorn
 MAILING ADDRESS 4520 Alcorn
 2. LOCATION NE 1/4 NW 1/4 Sec 28 T 19 N/S R 28 E Churchill County
 PERMIT NO. _____ Issued by Water Resources 8-511-54 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	10	10
Brown Clay		10	15	5
Brown Sand/Clay		15	25	10
Brown Sand		25	32	7
Red Sand		32	40	8
Black Sand		40	76	36
Gray Clay		76	78	2
Brown Sand		78	86	8

8. WELL CONSTRUCTION
 Depth Drilled 86 Feet Depth Cased 86 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
6 Inches 50 Feet 86 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>12.9</u>	<u>.188</u>	<u>71</u>	<u>86</u>

 Perforations:
 Type perforation Machine slot
 Size perforation 50
 From _____ feet to _____ feet
 From 80 feet to 84 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 15.4 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 62 °F Quality _____

Date started 11-14, 1992
 Date completed 11-14, 1992

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	<u>30</u>		<u>1 hr.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welsco Contractor
 Address Box 888 Contractor
 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 772
 Signed W. B. Buffle
 By driller performing actual drilling on site or contractor
 Date 11-15-92

STATE ENGINEER'S OFFICE
 JAN - 7 1993