

OFFICE USE ONLY
 Log No. 8763B
 Permit No. 0281701
 Basin

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. 21112

1. OWNER Bob Hendrix
 MAILING ADDRESS 2100 MTU View
FALLOW
 ADDRESS AT WELL LOCATION 561 Sunshine Loop
 2. LOCATION NW 1/4 SE 1/4 Sec. 6 T 21 N R 18 E Churchill County
 PERMIT NO. _____
 Issued by Water Resources Parcel No. _____
 Subdivision Name Hendrix Estates

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	18	18
Brown Clay		18	38	20
Black Clay		38	68	30
Black Sand	✓	68	79	11
Grey Clay		79	84	5
Grey Sand	✓	84	98	14
Brown Sand + Gravel	✓	98	115	17

8. WELL CONSTRUCTION
 Depth Drilled 115 Feet Depth Cased 115 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
6 Inches 50 Feet 115 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.9</u>	<u>.188</u>	<u>1</u>	<u>115</u>

 Perforations:
 Type perforation Machine Slot
 Size perforation .005
 From _____ feet to _____ feet
 From 108 feet to 112 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet
 9. WATER LEVEL
 Static water level 8' 4" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 59 °F Quality _____

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 STATE ENGINEER'S OFFICE

Date started Dec 5 1992
 Date completed Dec 5 1992

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>	<u>1</u>	<u>1</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
FALLOW
 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. Biddle
 By driller performing actual drilling on site or contractor
 Date 12-8-92