

WELL DRILLER'S REPORT

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

Log No. 88000
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. **46590**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **MIKE CASEY/ NANCY FRANK**
 MAILING ADDRESS **1550 ALLEN ROAD**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **7595 ANNETTE**

2. LOCATION **NESE** 1/4 **SW** 1/4 Sec. **1** T **19**
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. **7-122-14**

N/S R **27** E **CHURCHILL** County
VANESSA 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	Thickness
TOP SOIL		0	1	1
BROWN SAND		1	20	19
BROWN CLAY		20	22	2
BROWN SAND		22	40	18
GREY SAND		40	43	3
BLACK SILT		43	70	27
GREY SAND		70	80	10
GREY CLAY/SAND		80	100	20
GREY CLAY		100	101	1
GREY SAND	X	101	110	9

8. WELL CONSTRUCTION

Depth Drilled **110** Feet Depth Cased **110** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50
6 1/8 Inches	50	110

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	110

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **.080**
 From **104** feet to **108** 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

9. WATER LEVEL
 Static water level **12'6"** 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
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 **2199**
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date **4/16/2002**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
30		1 HR

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 02 APR 21 12:55
 DIVISION OF WATER RESOURCES