

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 89394
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **48966**

OWNER **AKINS CONSTRUCTION**
 MAILING ADDRESS **1919 GRIMES #A**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **966 VENTURACCI**

2. LOCATION **SW 1/4 SE 1/4 Sec. 24 T 19 N/S R 28 E CHURCHILL** County
 PERMIT NO. **8-314-60** Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock Cable Rotary RVC Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	1	1
BROWN SAND		1	13	12
BROWN CLAY		13	18	5
BROWN SAND		18	38	20
BLACK SILT		38	60	22
GREY SAND/CLAY		60	90	30
GREY CLAY		90	95	5
BROWN SAND	X	95	107	12

8. WELL CONSTRUCTION
 Depth Drilled **107** Feet Depth Cased **107** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	100
6 1/8 Inches	100	107

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	107

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.080**
 From **101** feet to **105** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **100**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **9'8"** 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

Date started **4/4/2003**, 19____
 Date completed **4/4/2003**, 19____

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	15		1 HR

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 **4/18/2003**