



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. 46572

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **CHURCHILL ANIMAL PROTECTION** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2390 WEST CROOK ROAD** _____
FALLON, NV 89406 _____
 2. LOCATION **SE 1/4 SE 1/4 Sec. 21 T 18 N/S R 29 E** **CHURCHILL** County
 PERMIT NO. **67710** 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
TOP SOIL		0	1	
BROWN SAND		1	20	19
BROWN CLAY		20	21	1
BROWN SILTY SAND		21	60	39
GREY CLAY		60	70	10
FINE BROWN SAND		70	100	30
GREY SAND		100	115	15
GREY CLAY		115	120	5
GREY SAND		120	140	20
SAND	X	140	153	13

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8. WELL CONSTRUCTION
 Depth Drilled **153** Feet Depth Cased **153** Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 100 Feet
 From 6 5/8 Inches To 153 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	153

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.060**
 From **146** feet to **150** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level **G.L.** 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]*
 Date **5/15/2002**

Date started **4/23/2002** 19____
 Date completed **4/23/2002** 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	50 GPM		1 HR