

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

OFFICE USE ONLY
 Log No. 93927
 Permit No. _____
 Basin 701

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. 53068

OWNER COUNTRY HOMES, INC.
 MAILING ADDRESS 4240 RENO HWY
FALLON, NV 89406

ADDRESS AT WELL LOCATION 7405 ANNETTE

2. LOCATION SE 1/4 SW 1/4 Sec. 1 T 19 N/S R 27 E CHURCHILL County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 7-122-17 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	
BROWN SAND		1	12	11
BROWN CLAY		12	15	3
BROWN SAND		15	30	15
GRAY SAND		30	60	30
GRAY CLAY		60	70	10
BROWN SAND	X	70	80	10

8. WELL CONSTRUCTION
 Depth Drilled 80 Feet Depth Cased 80 Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50
6 1/4 Inches	50	80

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	80

Perforations:
 Type perforation MACHINE PERF
 Size perforation .080
 From 74 feet to 78 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 22' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNKNOWN

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 8/26/2004

Date started 8/6/2004, 19____
 Date completed 8/6/2004, 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	<u>25</u>		<u>1 HR</u>