

OFFICE USE ONLY  
 Log No. 95849  
 Permit No. \_\_\_\_\_  
 Basin 101

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. 52766

1. OWNER Elaine Oldham ADDRESS AT WELL LOCATION Fallon NV  
 MAILING ADDRESS 650 THORNBUKE DR.  
 2. LOCATION NW 1/4 SE 1/4 Sec 6 T 18 N/S R 29 E Churchill County  
 PERMIT NO. 1006-732-31 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	Thickness
<u>Sand + clay</u>		<u>0</u>	<u>60</u>	
<u>Black clay + sand</u>		<u>60</u>	<u>90</u>	
<u>Black conc sand</u>		<u>90</u>	<u>100</u>	
<u>Brown gravel + sand</u>		<u>100</u>	<u>115</u>	
<u>Brown + gray clay</u>		<u>115</u>	<u>140</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 140  
12 1/4 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>13</u>	<u>1 3/8</u>	<u>7</u>	<u>20</u>
<u>6 3/8</u>		<u>SDR21</u>	<u>21</u>	<u>140</u>

Perforations:  
 Type perforation 5 1/2" x 6 ft  
 Size perforation 5/16"  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 105 feet to 110 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 140 feet

9. WATER LEVEL  
 Static water level 12 ft feet below land surface  
 Artesian flow NA G.P.M. \_\_\_\_\_ P.S.I. \_\_\_\_\_  
 Water temperature COLD °F Quality clear

Date started 10-29-04, 20\_\_\_\_  
 Date completed 10-29-04, 20\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>80+</u>	<u>80 ft</u>	<u>3 hrs</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Leach Drilling Inc. Contractor  
 Address Silver Springs NV Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 31841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1878  
 Signed Tookha  
 By driller performing actual drilling on site or contractor  
 Date 10-29-04

RECEIVED  
 05 JAN 16 2005  
 STATE ENGINEERS OFFICE