

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

OFFICE USE ONLY
 Log No. 108463

Permit No. _____
 Basin 181

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 64506-1

1. OWNER **Frank McCluen** ADDRESS AT WELL LOCATION **6031 Cow Canyon Ct**
 MAILING ADDRESS **4435 Hawk Drive** **Fallon, NV 89406**
Fallon, NV 89406 Subdivision Name: _____ County: **Churchill**

2. LOCATION **NW¼NW¼ Sec27T18N/ R28E** Latitude **39.40182N** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **006-541-49** Longitude **-118.83583W** N _____ NAD 83/WGS 84
 Issued by Water Resources Parcel No. _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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
Brown Sand		0	3	3
Brown Clay		3	15	12
brown Sand		15	22	7
Brown Silt		22	30	8
Brown Clay		30	34	4
Black Silt		34	37	3
gray Sand		37	45	8
Gray Silt		45	60	15
Brown Clay		60	63	3
Brown Sand	X	63	75	12

9. WELL CONSTRUCTION
 Depth Drilled 75 Feet Depth Cased 75 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 Inches _____ 0 Feet _____ 50 Feet
10 Inches _____ 50 Feet _____ 75 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.52	.188	0	15
6 PVC	4.1	.316	15	75

Perforations:
 Type of perforation **Saw Cut**
 Size of perforation 1/8
 From 71 feet to 74 feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 10 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 10 to 50 Pumped Poured
 Gravel Pack: Yes No 50 to 75 Pumped Poured
 Type: **3/8 Well Rock**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 8/15, 20 09
 Date completed: 8/15, 20 09

7. Water Level
 Static water level: 13 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: cool °F
 Quality: **Unknown**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hr:Min)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>15</u>	<u>20.130</u>	<u>1 Hr</u>

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10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Parsons Drilling, Inc.**
 (CONTRACTOR)

Address **P.O. Box 1265**
 (CONTRACTOR)
Fallon, NV 89407-1265

Nevada contractor's license number issued by the State Contractor's Board **29064**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1753**

Signed W. J. Parsons
 By driller performing actual drilling on site or contractor
 Date 8/21/2009