

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

OFFICE USE ONLY 108861

Log No. _____
 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. **64512**

1. OWNER **Oscar Cromer** ADDRESS AT WELL LOCATION **6700 Cox Rd, Fallon, NV 89406**
 MAILING ADDRESS **6700 Cox Rd, Fallon, NV 89406** Subdivision Name: _____ County: **Churchill**

2. LOCATION **SE 1/4 NW 1/4 Sec 18 T19N R28E** Latitude **39.51094** UTM E NAD 27
 PERMIT/WAIVER NO. **008-112-05** Longitude **-118.88938** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other plugged

4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-------------------|--------------|------|----|------------|
| Brown Sand | | 0 | 17 | 17 |
| Brown Clay | | 17 | 21 | 4 |
| Coarse Brown Sand | | 21 | 42 | 21 |
| Brown Silt | | 42 | 52 | 10 |
| Gray Clay | | 52 | 67 | 15 |
| Black Fine Sand | | 67 | 80 | 13 |

39.511029° N
118.889390° W
 NAD 27 (TH)

Pumped in 20% Grout from 80 to 20ft Pumped Neat cement from 20ft to surface

No Casing was installed

RECEIVED
 2009 SEP 30 AM 10:59
 STATE ENGINEERS OFFICE

Date started: 9/21, 2009
 Date completed: 9/21, 2009

9. WELL CONSTRUCTION

Depth Drilled **80** Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | To |
|-----------------|------------------------------|
| <u>6</u> Inches | <u>0</u> Feet <u>80</u> Feet |
| _____ Inches | _____ Feet _____ Feet |
| _____ Inches | _____ Feet _____ Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |

Perforations:

Type of perforation _____
 Size of perforation _____

| From | to | feet | feet |
|------|----|------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level

Static water level: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

8. WELL TEST DATA

| TEST METHOD: | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input type="checkbox"/> Air Lift |
|--------------|---------------------------------|-------------------------------|-----------------------------------|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |

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 Wagner
 By driller performing actual drilling on site or contractor
 Date **9/24/09**