

PLUGGED BY
Well log # 112216

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

OFFICE USE ONLY
Log No. 111907
Permit No. -
Basin 101

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. 65518-1

1. OWNER Dan O Construction
MAILING ADDRESS 2209 Bafford Lane
Fallon, NV 89406

ADDRESS AT WELL LOCATION 35 N Broadway
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. LOCATION NE 1/4 SW 1/4 Sec 30 T 19N N/S R 29 E
PERMIT/WAIVER No. DEW-86
Issued by Water Resources Parcel No. _____

Latitude 39.47886 N UTM E NAD 27
Longitude -118.77407 W N NAD 83/WGS 84

3. WORKED 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
Top Soil		0	2	2
Sand	X	2	20	18
<u>NAD-27 GPS</u>				
<u>39.478942°N</u>				
<u>118.773085°W</u>				
200 SEP 11 10 27 AM '10				

9. WELL CONSTRUCTION				
Depth Drilled	20	Feet	Depth Cased	20
HOLE DIAMETER (BIT SIZE)				
	From		To	
<u>22</u>	Inches	<u>0</u>	Feet	<u>20</u> Feet
	Inches		Feet	Feet
	Inches		Feet	Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8.625</u>	<u>8.26</u>	<u>.508</u>	<u>0</u>	<u>20</u>

Perforations:

Type of perforation _____ Well Screen
Size of perforation _____ 0.032

From 10 feet to 20 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 3 Pumped Poured

Gravel Pack: Yes No 20 to 3 Pumped Poured
Type: _____ 3/8 Well Gravel

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

Date started: 8/19 20 10
Date completed: 8/10 20 10

7. Water Level
Static water level: 4 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 (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			

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

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 2307

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 8/11/2010

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05-06)