

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

OFFICE USE ONLY
Log No. 118020
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. 69171

1. OWNER Paul McFadden ADDRESS AT WELL LOCATION 3550 Fisher Place
MAILING ADDRESS 3550 Fisher Place Fallon, NV 89406
Fallon, NV 89406 Subdivision Name: _____ County: Churchill

2. LOCATION NW ¼ SW ¼ Sec 9 T 18N N/S R 28 E Latitude 39.43799 UTM E NAD 27
PERMIT/WAIVER No. 006-292-041 Longitude -118.85534 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand		0	12	12
Brown Clay		12	16	4
Brown Sand		16	31	15
Gray Clay		31	36	5
Gray Sand		36	51	15
Brown Clay		51	74	23
Brown Sand		74	82	8
Gray Clay		82	86	4
Gray Sand		86	112	26
Black Clay		112	115	3
Black Sand		115	126	11
Gray Sand		126	143	17
Gray Clay		143	152	9
Brown Sand	X	152	160	8

* Original well log unknown
* See corresponding plugging log under
NOI # 69172

DATE RECEIVED: 2012 AUG 17
BY: ENGINEER

Date started: 20-Jul , 20 12
Date completed: 20-Jul , 20 12

9. WELL CONSTRUCTION

Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>12</u> Inches	<u>0</u> Feet	<u>160</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6</u>	<u>4.0</u>	<u>.316</u>	<u>20</u>	<u>160</u>

Perforations: Saw Cut

Type of perforation _____
Size of perforation 1/8"

From 157 feet to 160 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 160 Pumped Poured
Type: _____ 3/8"

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

7. Water Level

Static water level: 12 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <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

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 7/30/2012