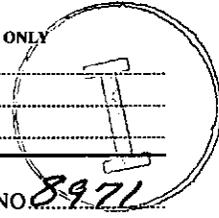


OFFICE USE ONLY
 Log No. 30055
 Permit No. _____
 Basin. 101



WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 8971

1. OWNER Rollin Sullivan ADDRESS AT WELL LOCATION Vella Dr off Casey Rd.
 MAILING ADDRESS P.O. Box 2402 Fallon, NV 89406
 2. LOCATION SW 1/4 NE 34 T. 19 N 1/2 R. 28 E. Churchill County
 PERMIT NO. _____ ISSUED BY Water Resources PARCEL NO. _____ SUBDIVISION NAME Robert R & Vella M. Vella File # 223113

3. TYPE OF WORK: New Well Recondition Deepen Other
 4. PROPOSED USE: Domestic Irrigation Municipal Industrial Test Stock
 5. TYPE WELL: Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Overburden</u>		<u>0</u>	<u>7</u>	<u>7</u>
<u>Well was abandon, requested by Tom Holliger, because the intent card was not in office when I started construction. The intent card was enroute by mail at the time of the well was under construction. It was not my understanding the intent card on a domestic well had to be in the division Water Resources office before the well could be started. I'm sorry.</u>				
Date started <u>6-23-88</u> Date completed <u>6-23-88</u>				

8. WELL CONSTRUCTION

Diameter _____ inches Total depth 7' feet
 _____ inches
 _____ inches

Casing record _____
 Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

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

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Water-Rite Well Drilling
 Address P.O. Box 883 Fallon NV 89406
 Nevada contractor's license number 0023978
 Nevada contractor's driller's number 1473
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1473
 Signed Gerald L. Olson
 Date 6-23-88