

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

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 16954

1. OWNER Sam Guazzini ADDRESS AT WELL LOCATION
 MAILING ADDRESS 3855 Austin Hwy 1500 S. Harmon Road
Fallon, Nev. 89406 Fallon, Nev. 89406
 2. LOCATION NE 1/4 SE 1/4 Sec 35 T. 19 N. S. R. 29 E Churchill County
 PERMIT NO. N/A 7-931-04 Guazzini Subdivision Name
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
Fine Sand		0	5	5
Coarse Sand		5	10	5
Brown Clay		10	14	4
Fine Brown Sand		14	30	16
Green Sand		30	36	6
Green Clay		36	47	11
Black Clay		47	56	9
Green & Black Clay		56	77	21
Black & Green Coarse Sand		77	112	35
Brown Clay		112	122	10
Green Clay		122	153	31
Black Clay		153	173	20
Black Coarse Sand		173	178	5
Green Clay		178	267	89
Black Coarse Sand	X	267	278	11
Gray Clay		278	280	2

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 280
12 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	12.92	.188	0	280

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From 268 feet to 278 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 ft. Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 280 feet
 9. WATER LEVEL
 Static water level 16 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started June 28, 1991
 Date completed June 29, 1991

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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, Nev. 89406
 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 1715
 Signed Doug Parsons
By driller performing actual drilling on site or contractor
 Date July 1, 1991