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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. 17625

1. OWNER Dennis Southfield ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3105 Fischer PL. Fischer PL.  
Fallon, Nev. 89406 Fallon, Nev. 89406  
 2. LOCATION SE 1/4 NW 1/4 Sec 9 T 18 N R 28 E Churchill County  
 PERMIT NO. \_\_\_\_\_ #1 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources

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
Sand		0	21	21
Coarse Sand		21	34	13
Brown Clay		34	38	4
Black Clay		38	50	12
Green & Black Coarse Sand		50	56	6
Green Sand		56	73	17
Brown, Green & Black Clay		73	108	35
Black & Green Coarse Sand		108	111	3
Gray Sandy Clay		111	132	21
Black & Green Coarse Sand		132	138	6
Gray Clay		138	150	12
Green Coarse Sand		150	155	5
Gray Clay		155	157	2
Brown Coarse Sand	X	157	169	12

8. WELL CONSTRUCTION  
 Depth Drilled 169 Feet Depth Cased 169 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
12 Inches 0 Feet 169 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	169

 Perforations:  
 Type perforation Mill Cut  
 Size perforation 1/8"  
 From 159 feet to 169 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50ft.  Neat Cement  
 Placement Method:  Pumped  Poured  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 169 feet  
 9. WATER LEVEL  
 Static water level 14 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cool °F Quality Unknown

Date started June 14, 1991  
 Date completed June 14, 1991

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input 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, 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 5, 1991