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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. 17546

1. OWNER R/O Livestock ADDRESS AT WELL LOCATION Syrac Valley Wellsite  
 MAILING ADDRESS Hwy 376  
Round Mtn. Nev. 89045

2. LOCATION NW 1/4 NW 1/4 Sec 7 T 6 N/S R 39 E Wye Edwarda County  
 PERMIT NO. 56706T Parcel No. N/A Subdivision Name N/A  
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 & Gravel		0	15	15
Clay		15	20	5
Sand & Gravel		20	145	125
White Clay		145	155	10
Granite		155	165	10
White Clay		165	175	10
Tan Clay		175	185	10
White Granite & Clay		185	300	115
Hole Abandoned No Water				

*Backfilled with collings  
300' to 50'  
Topped off w/  
3/10 yard cement  
grout*

*'91 OCT -9 MID 36*

*RECORDED  
STATE ENGINEERS OFFICE*

8. WELL CONSTRUCTION

Depth Drilled 300 Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>5-1/2</u>	<u>0</u>	<u>300</u>	<u>300</u>
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_

From	feet to	feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level Day feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started Sept. 20, 1991  
 Date completed Sept. 20, 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, 1696

Signed Wendy Parsons  
 By driller performing actual drilling on site or contractor  
 Date 10-2-91