

OFFICE USE ONLY
 Log No. 37424
 Permit No. _____
 Basin 101

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. 17760

1. OWNER Jess Reid
 MAILING ADDRESS 898 Ronald Way
Fallon, Nev. 89406
 ADDRESS AT WELL LOCATION 585 Sunshine loop
Fallon, Nevada 89406
 2. LOCATION SE 1/4 SE 1/4 Sec. 18 T. 18 N/S R. 29 E. Churchill County
 PERMIT NO. N/A 06-732-86 N/A
 Issued by Water Resources Parcel No. Subdivision Name

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
Topsoil		0	10	10
Brown Coarse Sand		10	12	2
Brown Clay		12	18	6
Brown Coarse Sand		18	23	5
Brown Clay		23	33	10
Green Clay		33	36	3
Green & Black Coarse Sand		36	46	10
Black Clay		46	63	17
Black & Green Coarse Sand		63	74	11
Green Sandy Clay		74	83	9
Green Coarse Sand		83	87	4
Green Sandy Clay		87	102	15
Brown Clay		102	105	3
Brown Coarse Sand	X	105	120	15

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet
0 Feet 120 Feet
 Inches Feet Feet Feet
 Inches Feet 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	120

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 114 feet to 118 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100ft.
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 100 feet to 120 feet

9. WATER LEVEL
 Static water level 13 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started September 20, 1991
 Date completed September 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 1715
 Signed Doug Parsons
 By driller performing actual drilling on site or contractor
 Date Oct 10, 1991

'91 OCT 11 AM 11:14
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 STATE ENGINEERS OFFICE