

OFFICE USE ONLY
Log No. 32447
Permit No. _____
Basin. 101
NOTICE OF INTENT NO. 17756

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

1. OWNER Roger Lambert ADDRESS AT WELL LOCATION 3366 Old River Rd.
MAILING ADDRESS P.O. Box 785 Fallon, Nv. 89406
Fallon, Nevada 89406
2. LOCATION NW 1/4 SW 1/4 Sec 8 T 19 N/S R 29 E Churchill County
PERMIT NO. N/A 177462 Roger & Theresa Lambert, Phillip Amos map
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
Sand		0	10	10
Coarse Sand		10	16	6
Brown Clay		16	18	2
Brown Coarse Sand		18	24	6
Gray Sand		24	28	4
Green Sandy Clay		28	35	7
Green Clay		35	41	6
Black Clay		41	44	3
Black & Green Coarse Sand		44	48	4
Black Clay		48	52	4
Green & White Coarse Sand		52	58	6
Gray Sand		58	69	11
Green Clay		69	75	6
Green Coarse Sand		75	88	13
Green Clay		88	99	11
Brown Clay		99	125	26
Brown Coarse Sand	X	125	130	5

8. WELL CONSTRUCTION
Depth Drilled 130 Feet Depth Cased 130 Feet
HOLE DIAMETER (BIT SIZE)
From 12 Inches To 130 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	130

Perforations:
Type perforation mill cut
Size perforation 1/8"
From 124 feet to 128 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
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 50 feet to 130 feet

9. WATER LEVEL
Static water level 12 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cool °F Quality unknown

Date started Sept 10, 19 91
Date completed Sept. 10, 19 91

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> 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, Nv. 89406
Nevada contractor's license number 29064
issued by the State Contractor's Board
Nevada driller's license number issued by the 1715
Division of Water Resources, the on-site driller
Signed Sept Douglas Parsons
by driller performing actual drilling on site or contractor
Date Sept 24, 1991