

OFFICE USE ONLY
 Log No. 38027
 Permit No. _____
 Basin 8-10
 NOTICE OF INTENT NO. 17550

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 John Fischer ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 734-B Orchard St. 3190 CJ Drive
Fallon, Nev. 89406 Fallon, Nev. 89406
 2. LOCATION SE 1/4 NW 1/4 Sec. 3 T 17 N/S R 28 E Churchill County
 PERMIT NO. N/A 10 Mike & Claudia Casey
 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	Thickness
Sand		0	10	10
Brown Clay		10	23	13
Green Clay		23	52	29
Dark Green Clay		52	55	3
Black Clay		55	98	43
Black Coarse Sand		98	103	5
Green Clay		103	107	4
Black & White Coarse Sand				
Sand	X	107	123	16

8. WELL CONSTRUCTION
 Depth Drilled 123 Feet Depth Cased 123 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 123
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	123

Perforations:
 Type perforation Millcut
 Size perforation 1/8"
 From 110 feet to 123 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 123 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow 8 G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started October 25, 1991
 Date completed October 28, 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. 89407-1265
 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 Nov. 1, 1991

'91 NOV -4 AT 11:47
 RECEIVED
 STATE ENGINEERS OFFICE