

OFFICE USE ONLY
 Log No. 39410
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 20504

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 Earle Denenberg ADDRESS AT WELL LOCATION 2088 Christy Circle
 MAILING ADDRESS 59 Bach Ct. Fallon, Nev. 89406
Sparks, Nev. 89431
 2. LOCATION NE 1/4 SE 1/4 Sec. 35 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. 008-831-61 Micheal & 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	Thick-ness
Sand		0	6	6
Brown Sandy Clay		6	8	2
Brown Coarse Sand		8	11	3
Brown Clay		11	19	8
Brown Coarse Sand		19	23	4
Brown Clay		23	28	5
Brown Coarse Sand		28	34	6
Gray Fine Sand		34	38	4
Black & Green Coarse Sand		38	44	6
Fine Green Sand		44	49	5
Black & green Coarse Sand		49	54	5
Fine Gray Sand		54	58	4
Black & Green Coarse Sand		58	61	3
Fine Gray Sand		61	67	6
Black & Green Coarse Sand		67	75	8
Fine Green Sand		75	79	4
Fine Gray Sand		79	83	4
Brown Clay		83	85	2
Fine Brown Sand		85	89	4
Brown Coarse Sand	X	89	105	16

8. WELL CONSTRUCTION
 Depth Drilled 105 Feet Depth Cased 105 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 105 Feet
10 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	105

Perforations: Mill Cut
 Type perforation _____
 Size perforation 1/8"
 From 101 feet to 104 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50ft. Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 105 feet

9. WATER LEVEL
 Static water level 11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Unknown

Date started September 18, 19 92
 Date completed September 18, 19 92

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, NEVADA 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 Oct 2, 1992

RECEIVED OFFICE
 SEP 21 1992
 STATE ENGINEERS