

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. 21334

1. OWNER Ken Henry ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5055 Hettinger Place 4060 Cimmaron Road
Fallon, Nev. 89406 Fallon, Nev. 89406
 2. LOCATION N/E 1/4 N/E 1/4 Sec. 33 T. 19 N/S R. 28 E Churchill County Churchill
 PERMIT NO. 08-691-84 Pheasant Green
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	6	6
Brown Coarse Sand		6	12	6
Fine Brown Sand		12	32	20
Brown Coarse Sand		32	42	10
Fine Green Sand		42	47	5
Black & Green Coarse Sand		47	50	3
Black Clay		50	53	3
Fine Green Sand		53	55	2
Black & Green Coarse Sand		55	59	4
Fine Gray Sand		59	63	4
Brown & Green Coarse Sand		63	69	6
Fine Green		69	74	5
Fine Gray Sand		74	78	4
Black & Green Coarse Sand		78	84	6
Fine Gray		84	87	3
Brown Clay		87	88	1
Fine Brown Sand		88	93	5
Brown Coarse Sand	X	93	101	8

8. WELL CONSTRUCTION
 Depth Drilled 101 Feet Depth Cased 101 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 101 Feet
10 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Pt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	12.92	.188	0	101

Perforations:
 Type perforation Mill Cut
 Size perforation 17/8"
 From 97 feet to 100 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50ft Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 101 feet

9. WATER LEVEL
 Static water level 16 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Unknown

Date started Sept. 4, 1992
 Date completed Sept. 4, 1992

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)	
<u>146</u>	<u>15</u>	<u>26</u>	
<u>15</u>	<u>15</u>	<u>26</u>	
<u>15</u>	<u>15</u>	<u>26</u>	

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 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 Doug Parsons
 By driller performing actual drilling on site or contractor
 Date Sept 11, 1992