

OFFICE USE ONLY  
 Log No. 39402  
 Permit No. \_\_\_\_\_  
 Basin 8-101

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. 21428

1. OWNER Mike Casey ADDRESS AT WELL LOCATION  
 MAILING ADDRESS 1600 Allen Road 9245 Marshall Road  
Fallon, NV 89406 Fallon, NV 89406  
 2. LOCATION NW 1/4 SE 1/4 Sec. 15 T. 27.19 N. R. 15.22 E. Churchill County  
 PERMIT NO. 7-17140 Michael & Claudia Casey  
 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	23	23
Brown Clay		23	25	2
Green Clay		25	29	4
Brown Clay		29	43	14
Brown Coarse Sand		43	58	15
Fine Gray Sand		58	63	5
Coarse Black & Green Sand		63	68	5
Fine Green Sand		68	71	3
Brown Clay		71	76	5
Brown Coarse Sand		76	84	8
Black & Green Coarse Sand		84	89	5
Brown Clay		89	93	4
Brown Coarse Sand	X	93	115	22

8. WELL CONSTRUCTION  
 Depth Drilled 115 Feet Depth Cased 115 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches 0 Feet 115 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	115

Perforations:  
 Type perforation Mill Cut  
 Size perforation 1/8"  
 From 111 feet to 114 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 115 feet

9. WATER LEVEL  
 Static water level 32' 9" feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality unknown

Date started October 16, 1992  
 Date completed October 16, 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)

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 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 Douglas Parsons  
 By Driller performing actual drilling on site or contractor  
 Date Oct 23, 1992