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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 223624

1. OWNER Glenn Richey ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 8025 Poincettia 7939 Pasture Road
Buena Park, Ca 90620 Fallon, NV 89406

2. LOCATION SW 1/4 SW 1/4 Sec 3 T 18 N/S R 30 E Churchill County _____
 PERMIT NO. 006-081-42 Michael & 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	11	11
Brown Clay		11	19	8
Green Clay		19	42	23
Brown Clay		42	50	8
Black Clay		50	54	4
Green Clay		54	57	3
Black Clay		57	63	6
Green Clay		63	75	12
Black Clay		75	98	23
Black Coarse Sand		98	101	3
Fine Gray Sand		101	104	3
Black Coarse Sand	X	104	112	8

8. WELL CONSTRUCTION
 Depth Drilled 112 Feet Depth Cased 112 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 112 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	112

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level FLOWING feet below land surface
 Artesian flow 4 G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

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 894-07-1265
 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 Pearson
 By driller performing actual drilling on site or contractor
 Date Jan 29, 1993

Date started January 20, 1993
 Date completed January 20, 1993

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

'93 FEB -3 AM 5:56
 RECEIVED
 STATE ENGINEERS OFFICE