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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. 24052

1. OWNER Sonya Johnson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5755 Weaver Rd. 4511 Alcorn Road
Fallon, NV 89406 Fallon, NV 89406
 2. LOCATION NW NE 1/4 Sec 33 T. 19 N R. 28 E Churchill County
 PERMIT NO. 08-691-60 Subdivision Name _____
 Issued by Water Resources Parcel No. _____

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	16	16
Brown Clay		16	23	7
Fine Brown Sand		23	29	6
Brown Coarse Sand		29	34	5
Fine Brown Sand		34	36	2
Brown Coarse Sand		36	48	12
Fine Green Sand		48	51	3
Black Coarse Sand		51	64	13
Fine Gray Sand		64	69	5
Black & Green Coarse Sand		69	76	7
Brown Fine Sand		76	78	2
Brown Coarse Sand		78	86	8
Fine Brown Sand		86	94	8
Fine Green Sand		94	110	16
Black & Green Coarse Sand		110	126	16
Fine Gray Sand		126	134	8
Black & Green Coarse Sand		134	163	29
Fine Gray Sand		163	168	5
Fine Brown Sand		168	173	5
Brown Coarse Sand & Gravel	XX	173	188	15

8. WELL CONSTRUCTION
 Depth Drilled 188 Feet Depth Cased 188 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 188 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 7/8	16.94	.188	0	188

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 181 feet to 186 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 188 feet

9. WATER LEVEL
 Static water level 21' 10" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started June 21 1993
 Date completed June 22 1993

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, NV 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 July 1, 1993