

OFFICE USE ONLY  
 Log No. 42498  
 Permit No. \_\_\_\_\_  
 Basin. B-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. 22587

1. OWNER Ronald Libby ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 7677 Pasture Road 7677 Pasture Road  
Fallon, NV 89406 Fallon, NV 89406  
 2. LOCATION NE 1/4 NE 1/4 Sec 3 T 17 N 29 E Churchill County  
 PERMIT NO. 006-081-36 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
Brown Clay		0	18	18
Brown Sand		10	20	2
Brown Clay		20	33	13
Greenish Brown Clay		33	58	25
Black Clay		58	98	40
Fine & Coarse Black Sand	X	98	105	7

8. WELL CONSTRUCTION  
 Depth Drilled 105 Feet Depth Cased 105 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 105 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	100

Perforations: Steel Well Screen  
 Type perforation \_\_\_\_\_  
 Size perforation .035  
 From 100 feet to 105 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 105 feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow 5 G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality unknown

Date started September 14, 19 93  
 Date completed September 16, 19 93

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 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 1753  
 Signed Wagon Parsons  
 By driller performing actual drilling on site or contractor  
 Date 9-16-93

1993 SEP 23 11:03:35  
 RECEIVED  
 STATE ENGINEERS OFFICE