

Well plugged - see NOI 62682

WHITE-DIVISION OF WATER RESOURCES  
CANARY-CLIENT'S COPY  
PINK-WELL DRILLER'S COPY

STATE OF NEVADA  
DIVISION OF WATER RESOURCES  
WELL DRILLER'S REPORT

OFFICE USE ONLY  
Log No. 43773  
Permit No. 8-101  
Basin  
NOTICE OF INTENT NO. 23449

FINALIZED MH  
PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Michael Casey  
MAILING ADDRESS 1600 Allen Road  
Fallon, NV89406  
ADDRESS AT WELL LOCATION 9170 Allen Road  
Fallon, NV 89406  
2. LOCATION SE 1/4 NW 1/4 Sec. 12 T. 17 N. 28 E Churchill County  
PERMIT NO. 006-031-852  
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
Sand		0	10	10
Brown Clay		10	17	7
Fine Brown Sand	X	17	20	3

See plugging log # 110613

93 NOV 22 P 2:17  
RECORDED  
STATE ENGINEERS OFFICE

39.353331°N NAD 27 AD.  
118.793046°W

8. WELL CONSTRUCTION  
Depth Drilled 20 Feet Depth Cased 20 Feet  
HOLE DIAMETER (BIT SIZE)  
From 10 Inches To 0 Feet 20 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	15

Perforations:  
Type perforation Well Screen  
Size perforation .020  
From 15 feet to 20 feet  
From feet to feet  
From feet to feet  
From feet to feet  
From feet to feet  
Surface Seal:  Yes  No Seal Type:  
Depth of Seal 15  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From 15 feet to 20 feet

9. WATER LEVEL  
Static water level 2' 8" feet below land surface  
Artesian flow G.P.M. P.S.I.  
Water temperature 60.0 °F Quality unknown

Date started 11-7 19 93  
Date completed 11-7 19 93

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.  
Address P.O. Box 1265  
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 [Signature]  
By driller performing actual drilling on site or contractor  
Date 11-19-93