

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

OFFICE USE ONLY
 Log No. 43784
 Permit No. _____
 Basin 8-101
 NOTICE OF INTENT NO. 23440

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 Dave Morgan ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 555 Lewis Road 555 Lewis Road
Fallon, NV 89406 Fallon, NV 89406

2. LOCATION NE 1/4 SW 1/4 Sec. 28 T. 19 N. R. 28 E. Churchill County
 PERMIT NO. 08-491-27 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
Fine Brown Sand		0	20	20
Coarse Brown Sand		20	38	18
Fine Green Sand		38	42	4
Grey Clay		42	45	3
Green Coarse Sand		45	87	42
Fine Brown Sand		87	95	8
Grey Sandy Clay		95	105	18
Fine & Coarse Green Sand		105	115	10
Grey Clay		115	128	13
Grey Sand		128	148	20
Coarse Grey Sand		148	155	7
Fine Brown Sand		155	158	3
Brown Clay		158	173	15
Brown Sand Clay		173	187	14
Fine & Coarse Brown Sand	X	187	204	17

8. WELL CONSTRUCTION
 Depth Drilled 204 Feet Depth Cased 204 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 204 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	204

Perforations:
 Type perforation Steel Well Screen
 Size perforation .035
 From 199 feet to 204 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 100 feet to 204 feet

9. WATER LEVEL
 Static water level 17' 6" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started October 29 1993
 Date completed October 30 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 PO 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date [Date]

'93 NOV 22 P 2:17
 STATE ENGINEER'S OFFICE