



Log No. 47108
 Permit No.
 Basin 107

NOTICE OF INTENT NO. 25609

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

1. OWNER F N FULSTONE INC., RANCHES ADDRESS AT WELL LOCATION SMITH, LYON COUNTY, NEVADA
 MAILING ADDRESS POST OFFICE BOX 61
SMITH VALLEY, NEVADA 89430

2. LOCATION SW 1/4 NW 1/4 Sec. 20 T. 11 N/S R. 24 E. LYON County
 PERMIT NO. 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
WELL WAS REPLACED WITH A NEW 6 INCH WELL DUE TO EXTREMELY FINE SAND PROBLEM.				
AFTER NEW WELL WAS DRILLED WE SET UP ON OLD WELL AND PUMPED NEAT CEMENT FROM BOTTOM OF WELL TO THE TOP WITH PRESSURE PUMP.				
THE OLD WELL HAD 60 FEET OF BLANK AND 200 FEET OF PERF. IT ALSO HAD A 53 FOOT CEMENT SEAL.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

95 FEB 10 PM 2:11
 STATE ENGINEERS OFFICE

Date started DECEMBER 23, 1994
 Date completed DECEMBER 23, 1994

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			

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name SARGENT IRRIGATION COMPANY Contractor
 Address 9955 NORTH VIRGINIA STREET
RENO, NEVADA 89506 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0021246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1493
 Signed M. Bletcher Peterson Sargent Irrigation Co.
 By driller performing actual drilling on site or contractor
 Date FEBRUARY 8, 1995