

Log No. 50195
 Permit No. _____
 Basin. 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. 32927

1. OWNER Bob Hammon ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5075 Elkhorn 2475 Cushman Rd.
Fallon, NV, 89406 Fallon, NV, 89406
 2. LOCATION SW 1/4 NW 28 T 18 N/S R 29 E Churchill County _____
 PERMIT NO. 006-851047 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
Top Soil		0	2	2
Sand & Gravel		2	8	6
Clay with Sand		8	21	13
Coarse Sand & Gavel	XX	21	30	7
Clay		30	33	3

REPLACED BY WELL LOG 121530
PLUGGED BY WELL LOG 121552

8. WELL CONSTRUCTION
 Depth Drilled 33 Feet Depth Cased 33 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 33 Feet
8-1/2 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)
6-5/8	12.92	.188	0	33

Perforations:
 Type perforation Mill-Cut
 Size perforation 1/8"
 From 31 feet to 33 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 25 ft. Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 25 feet to 33 feet

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality Unknown

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 1758
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11/8/95

Date started October 10, 1995
 Date completed October 10, 1995

7. WELL TEST DATA

TEST METHOD:	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)