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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. 30549

1. OWNER Tracey Huckaby ADDRESS AT WELL LOCATION 3055 Austin Hwy
 MAILING ADDRESS 3055 Austin Hwy Fallon, Nv 89406 Fallon, Nv 89406
 2. LOCATION SE 1/4 NW 1/4 Sec 36 T 19 N8 R 29 E Churchill 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	Thickness
Brown Clay		0	10	10
Brown Sand		10	20	10
Brown Clay		20	27	7
Brown Sand		27	38	11
Black Clay		38	55	17
Gray & Black Sand		55	63	8
Fine Gray Sand		63	90	27
Gray Clay		90	95	5
Gray Sand		95	110	15
Brownish Clay		110	122	12
Green Clay		122	130	8
Black & Gray Sand		130	150	20
Grey Clay		150	154	4
Black & Gray Sand		154	165	11
Gray Sand		165	185	20
Gray Clay		185	205	20
Gray Sand		205	240	35
Gray Clay		240	245	5
Gray Sand	X	245	260	15

8. WELL CONSTRUCTION
 Depth Drilled 260 Feet Depth Cased 260 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 260 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	260

Perforations:
 Type perforation Mill Out
 Size perforation 1/8
 From 240 feet to 260 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 260 feet

9. WATER LEVEL
 Static water level 22 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started January 26, 1996
 Date completed January 29, 1996

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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
 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 2-23-96