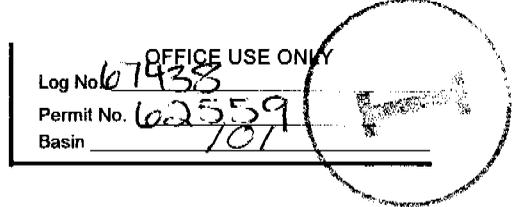


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



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

NOTICE OF INTENT NO. **36721**

1. OWNER **Fallon NV Congregation of Jehovahs Witnesses** ADDRESS AT WELL LOCATION **1055 McLean Road, Fallon, NV 89406**
 MAILING ADDRESS **1061 Tiffany Fallon, NV 89406**

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **33** T **19N** N/S R **28E** E **Churchill** County
 PERMIT NO. **62559** **008-693-05** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand		0	15	15
Brown Clay		15	20	5
Brown Sand		20	33	13
Brown Clay		33	36	3
Brown Sand		36	44	8
Gray Sand		44	58	14
Gray Clay		58	65	7
Brown Clay		65	73	8
Brown Sand		73	90	17
Brown Clay		90	100	10
Brown Silt		100	111	11
Gray Silt		111	115	4
Gray Sand		115	118	3
Gray Clay		118	130	12
Gray Sand		130	150	20
Gray Clay		150	153	3
Brown Sand	X	153	165	12

8. WELL CONSTRUCTION
 Depth Drilled **165** Feet Depth Cased **165** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **165** 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	165

Perforations:
 Type perforation **Mill Cut**
 Size perforation **1/8" x 3"**
 From **162** feet to **165** 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 **165** feet

9. WATER LEVEL
 Static water level **26** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cool** °F Quality **unknown**

Date started **6/2/97**, 19____
 Date completed **6/3/97**, 19____

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 checked="" type="checkbox"/> Air Lift	20		1 hr.

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 **1753**
 Signed *Wayne Parsons*
 By driller performing actual drilling on-site or contractor
 Date **6-23-97**