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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. 36699

1. OWNER Bob Hammon ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5075 Alcorn Road 5320 Applewood Drive, Fallon, NV 89406
Fallon, NV 89406

2. LOCATION SW 1/4 SE 1/4 Sec. 29 T 19N N/S R 28E E Churchill County
 PERMIT NO. _____ 8-652-53 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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
Top Soil		0	10	10
Brown Clay		10	19	9
Brown sand		19	26	7
Clay		26	42	16
Gray Clay		42	46	4
Gray sand		46	50	4
Gray Clay		50	55	5
Gray Clay		55	58	3
Gravel		58	61	3
Gray Clay		61	63	2
Brown Sand		63	68	5
Brown Sand	X	68	71	3

8. WELL CONSTRUCTION
 Depth Drilled 71 Feet Depth Cased 71 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 71 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	71

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From 68 feet to 71 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 71 feet

9. WATER LEVEL
 Static water level 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 5/16/97, 19____
 Date completed 5/16/97, 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	<u>71</u>		<u>1 hr.</u>

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 W. [Signature]
 By driller performing actual drilling on-site or contractor
 Date 5-28-97