WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 67697
Permit No.
Basin 101

NOTICE OF INTENT NO. 36703

1. OWNER Everett Kissick
MAILING ADDRESS 5845 MacPherson lanr
Fallon, , NV 89406

ADDRESS AT WELL LOCATION
1030 Dean lane, Fallon, NV 89406

2. LOCATION SE 1/4 SW 1/4 Sec. 20 T 19N N/S R 28E E Churchill County
PERMIT NO. _____ Issued by Water Resources | 008-532-37 Parcel No. | Subdivision Name

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

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

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[ ] Air [ ] Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown sand		0	15	15
Brown Clay		15	18	3
Brown Sand		18	30	12

RECEIVED 97 JUN 19 PM 1:30 STATE ENGINEER, CARSON CITY

Date started 5/29/97, 19__
Date completed 5/29/97, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [X] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
15		1 hr.

8. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10	Inches	0	Feet	30	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	30

Perforations:
Type perforation MillCut
Size perforation 1/8
From 27 feet to 30 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 25
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 25 feet to 30 feet

9. WATER LEVEL
Static water level 11 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 1753

Signed Wayne Parsons
By driller performing actual drilling on-site or contractor

Date 6-3-97