

OFFICE USE ONLY
 Log No. 68329
 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. 34932

1. OWNER Con-Scott Enterprises ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2161 W Williams Ave St 279 5340 Bottom Road, Fallon, NV 89406
 Fallon, NV 89406

2. LOCATION NW 1/4 NE 1/4 Sec. 32 T 19N N/S R 19E 28 E Churchill County
 PERMIT NO. _____ Parcel No. 8-652-30 Subdivision Name 28

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	Thickness
Brown Sand		0	18	18
Brown Clay		18	21	3
Brown Sand		21	38	17
Gray Silt		38	42	4
Gray Sand		42	55	13
Gray Clay		55	65	10
Brown Sand	X	65	75	10

8. WELL CONSTRUCTION
 Depth Drilled 75 Feet Depth Cased 75 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 75 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	75

Perforations:
 Type perforation mill Cut
 Size perforation 1/8
 From 72 feet to 75 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 75 feet

9. WATER LEVEL
 Static water level 16 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 W. Parsons
 By driller performing actual drilling on-site or contractor
 Date 3-14-97

Date started 12/28/96, 19____
 Date completed 12/28/96, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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