

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

OFFICE USE ONLY
 Log No. 68330
 Permit No. _____
 Basin 057

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. 34927

1. OWNER Farr Ranch ADDRESS AT WELL LOCATION
 MAILING ADDRESS HC61 Box 180 Antelope Valley #4 Sunny Brook Home Place
Battle Mtn., NV 89820

2. LOCATION SW 1/4 SE 1/4 Sec. 12 T 24N N/S R 40E E Lander County
 PERMIT NO. 20005 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	Thick-ness
Top Soil		0	5	5
Gravel		5	20	15
Clay		20	27	7
Clay Gravel Mix		27	50	23
Gravel		50	110	60
Clay		110	115	5
Gravel AND Clay		115	127	12
Gravel		127	160	33
Clay		160	175	15
Gravel & Sand w/Clay		175	198	23
Clay with Sand		198	238	40
Sand	X	238	243	5
Clay		243	251	8
Sand & Gravel	X	251	255	4
Sand		255	285	10
Clay		285	270	5
Gravel And Sand	X	270	277	7
Clay		277	309	32
Gravel & Sand	X	309	315	6
Clay		315	345	30
Gravel & Sand	X	345	353	8
Clay		353	375	22

8. WELL CONSTRUCTION
 Depth Drilled 375 Feet Depth Cased 375 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
20 inches 0 Feet 50 Feet
17.5 inches 50 Feet 375 Feet
 inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>16</u>	<u>42</u>	<u>.250</u>	<u>0</u>	<u>375</u>

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From 140 feet to 375 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 140 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 2-26-97

Date started 1/27/97, 19____
 Date completed 2/4/97, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	Time (Hours)