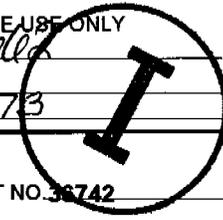


OFFICE USE ONLY
 Log No. 2811
 Permit No. _____
 Basin 73


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. 36742

1. OWNER Vince Shearer ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1900 Old Emigrant Road 4 Brahma Circle, Lovelock, Nv 89419
 Lovelock, NV 89419

2. LOCATION S 1/4 SE 1/4 Sec. 30 T 28N N/S R 32E E Pershing County
 PERMIT NO. 003-312-17 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
Clay Topsoil		0	8	8
Loose Clay		8	12	4
Clay		12	30	18
Coarse Sand	X	30	52	22
Black Clay		52	55	3
Green Sandy Clay		55	65	10
Green Sand & Gravel		65	95	30
Tan Clay		95	110	15
Brown Green Clay		110	145	35
Gray Clay		145	150	5
Black Clay		150	170	20
Gray Sand		170	225	55
Brown Sand & Gravel	X	225	240	15
Brown Clay		240	250	10

8. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 inches 0 feet 250 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	250

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From 230 feet to 250 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 250 feet

9. WATER LEVEL
 Static water level 25 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 1696
 Signed Debra Parsons
 By driller performing actual drilling on-site or contractor
 Date 7-8-97

Date started 7/2/97, 19____
 Date completed 7/4/97, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	Draw Down (Feet Below Static)	
<u>50</u>		<u>1 hr.</u>

RECEIVED
 97 JUL 18 AM 11:18
 STATE ENGINEERS OFFICE