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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 36736

1. OWNER Claudette McCain ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS P.O. Box 218 14 Miles North of battle Mtn, Nv  
Wadsworth, NV 89442

2. LOCATION SE 1/4 SE 1/4 Sec. 45E 20 34 N/S R 34E 45 E Lander County  
 PERMIT NO. 21448 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	10	10
sandy Clay		10	20	10
Blue Green Clay		20	120	100
Fine Brown Sand		120	150	30
Sand & Gravel	X	150	170	20
Gravel & Clay		170	205	35
Fine Brown Sand	X	205	235	30
Brown Clay		235	237	2
Hard Fine Gravel	X	237	255	18

8. WELL CONSTRUCTION  
 Depth Drilled 255 Feet Depth Cased 255 Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
20 inches 0 Feet 255 Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	44	.250	0	255

Perforations:  
 Type perforation Mill Cut  
 Size perforation 1/8  
 From 0 feet to 195 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 100  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From 100 feet to 255 feet

9. WATER LEVEL  
 Static water level 145 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

Date started 9/3/97, 19\_\_\_\_  
 Date completed 10/14/97, 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			

Address P.O. Box 1265 Contractor  
Fallon, NV 89407-1265 Contractor

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 Wynne Paul  
 By driller performing actual drilling on-site or contractor  
 Date 11-16-97