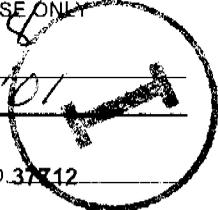


STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 70898
 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. 37712

1. OWNER Murl Williams ADDRESS AT WELL LOCATION 11511 Fulkerson Road, Fallon, NV 89406
 MAILING ADDRESS 11511 Fulkerson Road
 Fallon, NV 89406

2. LOCATION SW 1/4 NE SE 1/4 Sec. 10 8 T 19N N/S R 27E E Churchill County
 PERMIT NO. 7-111-29 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	Thickness
Top Soil		0	4	4
Brown Clay		4	10	6
Brown Sand		10	30	20
Brown Clay		30	80	50
Brown Sand		80	90	10

8. WELL CONSTRUCTION

Depth Drilled 90 Feet Depth Cased 90 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> inches	<u>0</u> Feet <u>90</u> Feet
_____ inches	_____ Feet _____ Feet
_____ inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>14.96</u>	<u>.188</u>	<u>0</u>	<u>90</u>

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8

From	feet to	feet
<u>87</u>	<u>90</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 90 feet

RECEIVED
 98 APR -9 AM 10:50
 STATE ENGINEERS OFFICE

Date started 2/20/98, 19____
 Date completed 2/20/98, 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	<u>30</u>		<u>1 hr.</u>

9. WATER LEVEL

Static water level 50 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 [Signature]
 By driller performing actual drilling on-site or contractor
 Date 2-20-98