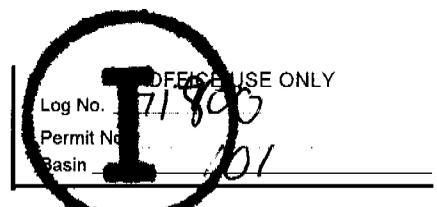


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES



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 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. 37737

1. OWNER **Marvin Mort** ADDRESS AT WELL LOCATION  
 MAILING ADDRESS **355 Depp Road** **300 S Downs Lane, Fallon, NV 89406**  
 Fallon, NV 89406

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **26** T **19N** N/S R **29E** E **Churchill** County  
 PERMIT NO. **007-911-52** 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
Sand		0	6	6
Brown Clay		6	10	4
Brown Coarse Sand		10	14	4
Fine Brown Sand		14	37	23
Gray Fine Sand		37	58	21
Black & Green Coarse Sand		58	65	7
Gray Fine Sand		65	76	11
Green Fine Sand		76	83	7
Black & Green Coarse Sand		83	85	2
Fine Gray Sand		85	91	6
Brown Coarse Sand	X	91	99	8

8. WELL CONSTRUCTION  
 Depth Drilled **99** Feet Depth Cased **99** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**10** Inches **0** Feet **99** Feet  
 Inches Feet Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8 5/8</b>	<b>14.96</b>	<b>.188</b>	<b>0</b>	<b>10</b>
<b>6 PVC</b>	<b>3.92</b>	<b>.258</b>	<b>0</b>	<b>99</b>

Perforations:  
 Type perforation **Saw Cut**  
 Size perforation **1/8**

From **95** feet to **98** 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 **99** feet

9. WATER LEVEL  
 Static water level **8** 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.

Date started **5/29/98**, 19\_\_\_\_  
 Date completed **5/29/98**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

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 **1715**

Signed **Douglas Parsons**  
 By driller performing actual drilling on-site or contractor  
 Date **6-11-98**