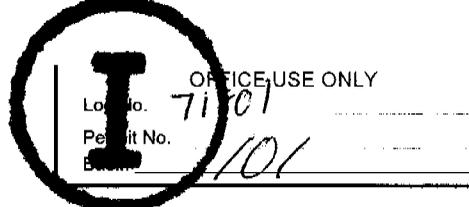


STATE OF NEVADA
 DIVISION OF WATER RESOURCES



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. 37732

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Bob Hammon** ADDRESS AT WELL LOCATION **5373 Applewood Dr, Fallon, NV 89406**
 MAILING ADDRESS **5075 Alcorn Road Fallon, NV 89406**

2. LOCATION **SE 1/4 SE 1/4 Sec. 29 T 19N N/S R 28E E Churchill** County
 PERMIT NO. Issued by **Water Resources** Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	12	12
Gray Sand		12	14	2
Brown Clay		14	19	5
Brown Coarse Sand		19	23	4
Fine Brown Sand		23	34	11
Coarse Brown Sand		34	39	5
Fine Green Sand		39	44	5
See next line		44	58	14
Black, Green & White Coarse Sand				
Fine Gray Sand		58	61	3
Brown Coarse Sand		61	85	24
Fine Green Sand		85	89	4
Gray Sandy Clay		89	103	14
Black & Green Coarse Sand		103	106	3
Fine Green Coarse Sand		106	110	4
Black & Green Coarse Sand		110	116	6
Gray Sandy CLay		116	124	8
Black & Green Coarse Sand		124	138	14
Gray Fine Sand		138	141	3
Black & Green Coarse Sand		141	153	12
Gray Sandy CLay		153	158	5
Brown Coarse Sand	XX	158	165	7

8. WELL CONSTRUCTION
 Depth Drilled **165** Feet Depth Cased **165** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **165** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	14.96	.188	0	10
6 PVC	3.92	.258	0	165

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

From **158** feet to **161** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal **100**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **100** feet to **165** feet

9. WATER LEVEL
 Static water level **18.6** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cool** °F Quality **unknown**

Date started **5/19/98**, 19
 Date completed **5/19/98**, 19

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
20		1 hr.

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 **1715**

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