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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. 37740

1. OWNER Frank Woolsey ADDRESS AT WELL LOCATION 4015 Raven Drive, Fallon, NV 89406
 MAILING ADDRESS 2161 W Williams #280 Fallon, NV 89406

2. LOCATION NE 1/4 NE 1/4 Sec. 28 T 19N N/S R 28E E Churchill County
 PERMIT NO. 008-281-42 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	8	8
Brown Clay		8	16	8
Brown Coarse Sand		16	30	14
Fine Brown Sand		30	50	20
Black & Green Coarse Sand		50	56	6
Fine Gray Sand		56	61	5
Brown Coarse Sand	X	61	71	10

8. WELL CONSTRUCTION
 Depth Drilled 71 Feet Depth Cased 71 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 71 Feet
 Inches Feet Feet
 Inches Feet 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	71

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 67 feet to 70 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout / Bent.
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 71 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.
 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

Date started 6/8/98, 19____
 Date completed 6/8/98, 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>20</u>		<u>1 hr.</u>