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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. 37736

1. OWNER **John Rau** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **1625 Roberson Lane** **1625 Roberson Lane, Fallon, NV 89406**
 Fallon, NV 89406

2. LOCATION **NE** 1/4 **NE** 1/4 Sec. **30** T **19N** N/S R **28E** E **Churchill** County
 PERMIT NO. **8-152-45** 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
Brown Coarse Sand		0	14	14
Brown Clay		14	16	2
Brown Coarse Sand		16	36	20
Black & Brown Coarse Sand		36	41	5
Brown Sand & Gravel		41	47	6
Fine Brown Sand		47	62	15
Fine Grey Sand		62	74	12
Black & Green Coarse Sand		74	87	13
Coarse Sand		87	91	4
Brown Coarse Sand	X	91	103	12

8. WELL CONSTRUCTION
 Depth Drilled **103** Feet Depth Cased **103** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches **0** Feet **103** 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	12.96	.188	0	10
6 5/8 PVC	3.92	.258	0	103

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

From **100** feet to **103** feet *part telcon w/ Driller Matt*
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 **103** feet

9. WATER LEVEL
 Static water level **20.9** 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 **5/14/98**, 19____
 Date completed **5/14/98**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

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 **1715**

Signed *Douglas Parsons*
 By driller performing actual drilling on-site or contractor
 Date **6-10-98**