

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 74287
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 37720

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

1. OWNER Nancy Shadley ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 78326 N 185th Avenue 1240 Lazy Heart Lane, Fallon, NV 89406
Waddell, AZ 85355
 2. LOCATION NE 1/4 NW 1/4 Sec. 17 T 18N N/S R 29E E Churchill County
 PERMIT NO. 006-751-53 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
Clay		6	15	9
Brown Coarse Sand		15	21	6
Brown Clay		21	28	7
Brown Coarse Sand		28	37	9
Gray Fine Sand		37	41	4
Black Silty Clay		41	50	9
Green & Black Coarse Sand		50	56	6
Gray Sandy Clay		56	70	14
Black Silty Clay		70	83	13
Black & Green Coarse Sand		83	94	11
Fine Gray Sand		94	111	17
Black & Green Coarse Sand		111	121	10
Fine Gray Sand		121	124	3
Brown Clay		124	130	6
Brown Coarse Sand	X	130	138	8

8. WELL CONSTRUCTION
 Depth Drilled 138 Feet Depth Cased 138 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 138 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 5/8 PVC	3.92	.258	0	138

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 133 feet to 136 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 138 feet

9. WATER LEVEL
 Static water level 12 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 6-8-98

Date started 5/26/98, 19____
 Date completed 5/26/98, 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>25</u>		<u>1 hr.</u>