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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. 38923

1. OWNER Frank Woolsey ADDRESS AT WELL LOCATION
 MAILING ADDRESS 2161 W Williams #280 4200 Hawk Drive, Fallon, NV89406
 Fallon, NV 89406

2. LOCATION NE 1/4 NE 1/4 Sec. 28 T 19N N/S R 28 E Churchill County
 PERMIT NO. 008-281-40 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 Sand		0	12	12
Brown Clay		12	18	6
Brown Sand		18	33	15
Brown Silt		33	42	9
Gray Sand		42	50	8
Gray Clay		50	57	7
Brown Sand	X	57	69	12

8. WELL CONSTRUCTION
 Depth Drilled 69 Feet Depth Cased 69 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 69 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	69

Perforations:
 Type perforation saw Cut
 Size perforation 1/8
 From 66 feet to 69 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 69 feet

9. WATER LEVEL
 Static water level 12.5 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 1753
 Signed Wayne Parsons
 By _____ driller performing actual drilling on-site or contractor
 Date 9-11-98

Date started 8/13/98, 19____
 Date completed 8/13/98, 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>40</u>		<u>1 hr.</u>

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 8/13/98 9:10:25
 DIVISION OF WATER RESOURCES