

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 74300
 Permit No. 101
 Basin _____
 NOTICE OF INTENT NO. 38940

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in
 accordance with NRS 534.170 and NAC 534.340

1. OWNER Randy Bradshaw ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3950 London Circle 3950 London Circle, Fallon, NV 89406
 Fallon, NV 89406
 2. LOCATION SW 1/4 NW 1/4 Sec. 15 T 18N N/S R 28E E Churchill County _____
 PERMIT NO. 006-472-34 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

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	Thick-ness
Brown Sand		0	15	15
Brown Clay		15	18	3
Brown Sand		18	30	12
Gray Clay		30	46	16
Black Clay		46	49	3
Gray Sand		49	67	18
Brown Silt		67	83	16
Green Clay		83	90	7
Gray Sand		90	100	10
Gray Clay		100	130	30
Black Clay		130	135	5
Gray Sand		135	143	8
Brown Clay		143	147	4
Brown Sand	X	147	160	13

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 160 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	16.92	.188	0	10
6 PVC	3.92	.258	0	160

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 157 feet to 160 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 160 feet

9. WATER LEVEL
 Static water level 3.9 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 _____
 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 Wynn Parson
 By driller performing actual drilling on-site or contractor
 Date 10-7-98

Date started 9/14/98, 19____
 Date completed 9/15/98, 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>30</u>		<u>1 hr.</u>