

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 74310
 Permit No. 101
 Basin _____

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

NOTICE OF INTENT NO. 38934

1. OWNER Carl Morgan ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5710 Riverside Dr 5710 Riverside Drive
Fallon, NV 89406
 2. LOCATION NE 1/4 NW 1/4 Sec. 29 T 19N N/S R 28E E Churchill County
 PERMIT NO. 8-551-26 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	Thick-ness
Sand		0	14	14
Fine Brown Sand		14	16	2
Brown Coarse Sand		16	33	17
Fine Brown Sand		33	40	7
Fine Grey Sand		40	52	12
Black & White Coarse Sand		52	56	4
Fine grey Sand		56	58	2
Brown & Black Coarse Sand		58	71	13
Brown Coarse Sand		71	78	7
Fine Grey Sand		78	81	3
Fine Brown Sand		81	97	16
Black & Brown Fine Sand		97	109	12
Grey Silty Clay		109	118	9
Black & Green Coarse Sand		118	138	20
Black & Green Coarse Sand		138	158	20
Brown Clay		158	165	7
Brown Fine Sand		165	174	9
Brown Coarse Sand	XX	174	183	9

8. WELL CONSTRUCTION
 Depth Drilled 183 Feet Depth Cased 183 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 183 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 5/8PVC	3.92	.258	0	183

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 178 feet to 181 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 183 feet

9. WATER LEVEL
 Static water level 17.7 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 7/15/98, 19____
 Date completed 7/15/98, 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>20</u>		<u>1 hr.</u>

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 Doug Parsons
 By driller performing actual drilling on-site or contractor
 Date 8-14-98