

PRINT OR TYPE ONLY
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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. **1603**

1. OWNER **Frank Woolsey**
 MAILING ADDRESS **2161 West Williams #280**
Fallon, NV 89406

ADDRESS AT WELL LOCATION **4190 Raven Drive,**
Fallon, NV 89406

2. LOCATION **NE** 1/4 **NE** 1/4 Sec. **28** T **19N** N/S R **28E** E **Churchill** County
 PERMIT NO. _____ Parcel No. _____
Hawk Properties 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	8	8
Brown Clay		8	18	10
Brown Sand		18	27	9
Brown Clay		27	35	8
Gray Sand		35	50	15
Black Clay		50	53	3
Brown Clay		53	56	3
Brown Sand	XX	56	66	10

8. WELL CONSTRUCTION
 Depth Drilled **66** Feet Depth Cased **66** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **66** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.94	.188	0	10
6 PVC	3.92	.258	10	66

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

From **63** feet to **65** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **60** Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From **60** feet to **66** feet

9. WATER LEVEL
 Static water level **10** 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 1264** Contractor
Fallon, Nv. 89407
 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 **4/14/99**

Date started **4/13/99** 19
 Date completed **4/13/99** 19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
35		1hr	