

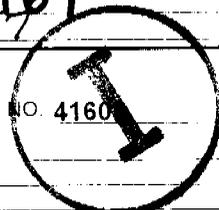
STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 76414
 Permit No. 17967
 Basin 57

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

NOTICE OF INTENT NO. **4160**



1. OWNER Bob Dailey ADDRESS AT WELL LOCATION Antelope Valley
 MAILING ADDRESS H C 61 Box 147
Battle Mnt., NV 89820

2. LOCATION SW 1/4 SW 1/4 Sec. 20 T 25N N/S R 41E E Lander County
 PERMIT NO. 17967 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 Clay		0	10	10
Brown Gravel		10	30	20
Brown Clay		30	37	7
Sand and Gravel		37	43	6
Brown Clay		43	47	4
Gravel		47	78	31
Clay		78	84	6
Gravel		84	105	21
Brown Clay		105	111	6
Gravel	X	111	133	22
Clay		133	153	20
Gravel	X	153	165	12
Clay and Gravel		165	208	43
Gravel and Sand	X	208	240	32
Clay		240	243	3
Gravel	X	243	250	7
Clay		250	255	5

PARSONS DRILLING INC.
 5500 26th Street
 Fallon, NV 89407
 775-795-1111

8. WELL CONSTRUCTION
 Depth Drilled 255 Feet Depth Cased 255 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<u>20</u> Inches	<u>0</u> Feet	<u>50</u> Feet	<u>50</u> Feet
<u>17 1/2</u> Inches	<u>50</u> Feet	<u>255</u> Feet	<u>255</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>16</u>	<u>15.25</u>	<u>.381</u>	<u>0</u>	<u>255</u>

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8

From	To
<u>120</u> feet	<u>255</u> feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' per telcom w/ Wayne Neat Cement
 Placement Method: Pumped Parsons 8-10-99 Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 60 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
 By driller performing actual drilling on-site or contractor

Date 5/17/99

Date started 5/5/99, 19____
 Date completed 5/8/99, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>1500</u>	<u>8 hr</u>
G.P.M.		