

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

OFFICE USE ONLY
 Log No. 78402
 Permit No. 101
 Basin 101

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. 4280

1. OWNER **DAVE MATLEY** ADDRESS AT WELL LOCATION **800 ALLYN PL FALLON NV**
 MAILING ADDRESS **4155 ALLEN RD FALLON, NV 89406**

2. LOCATION **NW** 1/4 **SE** 1/4 Sec. **12** T **19N** N/S R **28E** E **CHURCHILL** County
 PERMIT NO. **006-351-18** Issued by Water Resources Parcel No. **006-351-18** 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	17	17
BROWN CLAY		17	22	5
BROWN SAND		22	38	16
GRAY SAND		38	47	9
BLACK SAND		47	56	9
BLACK SILT		56	70	14
GRAY SAND		70	78	8
BLACK CLAY		78	90	12
BLACK SAND		90	97	7
BROWN CLAY		97	120	23
BROWN SAND	XX	120	135	15

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **135** Feet Depth Cased **135** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **135** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	15
6	3.92	.258	15	135

Perforations:
 Type perforation **SAW CUT**
 Size perforation **1/8**

From **130** feet to **135** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **100** feet to **135** feet

9. WATER LEVEL
 Static water level **3'4** 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 *Wm. Parsons*
 By driller performing actual drilling on-site or contractor
 Date **10/4/99**

Date started **10/1/99**, 19____
 Date completed **10/1/99**, 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	50		1 HR