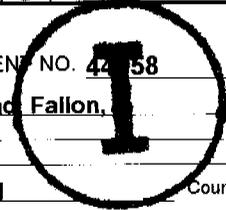


PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 42158



1. OWNER William Topken ADDRESS AT WELL LOCATION 6965 Cox Road Fallon, NV 89406
 MAILING ADDRESS 6965 Cox Road Fallon, NV 89406

2. LOCATION NW 1/4 NW 1/4 Sec. 16 T 19N N/S R 28E E Churchill County
 PERMIT NO. 8-112-13 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 Sand		0	18	18
Brown Clay		18	24	6
Brown Silt		24	42	18
Brown Clay		42	47	5
Gray Clay		47	53	6
Black Clay		53	57	4
Brown Sand	XX	57	70	13

8. WELL CONSTRUCTION
 Depth Drilled 70 Feet Depth Cased 70 Feet

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	10
6 PVC	3.92	.258	10	70

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8

From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 70 feet

9. WATER LEVEL
 Static water level 29 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 08/03/2000

Date started 07/11/2000 19____
 Date completed 07/11/2000 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>40</u>		<u>1 hr</u>

RECEIVED
 COSELL AND CO
 515 W. WASHINGTON ST.