

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 83893
 Permit No. _____
 Basin 83

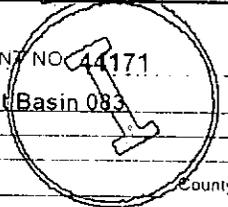
PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 44171

1. OWNER Edwin DePaoli
 MAILING ADDRESS 2800 Farm District Road
Fallon, NV 89406
 ADDRESS AT WELL LOCATION Tracy Segment Basin 083
 2. LOCATION SE 1/4 SW 1/4 Sec. 11 T 20N N/S R 21E E Churchill County
 PERMIT NO. W-524-A 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
Brown Clay		0	5	5
Brown Clay & Gravel		5	29	24
Brown Clay & Volcanic Rock		29		
Red Rock Med Hardness		520	780	260
Black Volcanic Rock		780	890	110
Redish Rock	XX	890	920	30

8. WELL CONSTRUCTION
 Depth Drilled 920 Feet Depth Cased 920 Feet
 HOLE DIAMETER (BIT SIZE)

Inches	From	To
10	0	850
6	850	920

 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	850
4	4.12	.188	840	920

 Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From _____ feet to _____ feet
 From 840 feet to 920 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No
 Depth of Seal 100
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 590 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 102 °F Quality unknown

Date started 11/06/2000 19
 Date completed 01/15/2001 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>25</u>	<u>100</u>	<u>40</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 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 01/16/2001

shoe Permit # 006709

USE ADDITIONAL SHEETS IF NECESSARY