

OFFICE USE ONLY
 Log No. 85286
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 47526

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

1. OWNER Kelly Sutherland ADDRESS AT WELL LOCATION 716 Sunrise Terrace,
 MAILING ADDRESS 3170 College Ct Fallon, NV 89406
Elko, NV 89801
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E E Churchill County
 PERMIT NO. _____ Parcel No. 8-314-46 Subdivision Name _____
 Issued by Water Resources

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sand		0	7	7
Brown Clay		7	10	3
Brown sand		10	25	15
brown Clay		25	28	3
Brown Sand		28	30	2
Gray Clay		30	31	1
Gray Sand		31	50	19
Black Sand		50	70	20
Gray Clay		70	72	2
Gray Sand		72	85	13
Brown Sand		85	106	21
Brown Clay		106	129	23
Gray Clay		129	148	19
Dark Green Clay		148	160	12
Gray Sand		160	164	4
Gray Clay		164	171	7
Gray Sand		171	175	4
Gray Sand		175	187	12
Gray Clay		187	190	3
Gray Sand		190	209	19
Brown Clay		209	211	2
Brown Sand	XX	211	220	9

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
10 Inches From 0 Feet To 220 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ 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	220

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 216 feet to 220 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 210 feet

9. WATER LEVEL
 Static water level 34 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-T1
 Signed Wayne Banta
 By driller performing actual drilling on-site or contractor
 Date 10/04/2001

Date started 10/01/2001, 19
 Date completed 10/02/2001, 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	<u>80</u>		<u>1hr</u>