

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

OFFICE USE ONLY
 Log No. 85287
 Permit No. _____
 Basin 10
 NOTICE OF INTENT NO. 45751

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

1. OWNER Frank Woolsey ADDRESS AT WELL LOCATION 4465 Hawk Drive, Fallon, NV 89406
 MAILING ADDRESS 2161 W Williams Ave PMB 280 Fallon, NV 89406
 2. LOCATION NW 1/4 NE 1/4 Sec. 28 T 19N N/S R 28E E Churchill County
 PERMIT NO. 008-282-14 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 Sand		0	9	9
Brown Clay		9	17	8
brown sand		17	25	8
black sand		25	27	2
brown sand		25	27	2
brown clay		31	35	4
gray clay		35	40	5
black clay		40	43	3
black sand		43	60	17
brwon sand	XX	60	65	5

8. WELL CONSTRUCTION
 Depth Drilled 65 Feet Depth Cased 65 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 65 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	65

Perforations:
 Type perforation saw cut
 Size perforation 1/8
 From 62 feet to 65 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60 _____ Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 65 feet

9. WATER LEVEL
 Static water level 15' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 06/01/2001, 19
 Date completed 06/06/2001, 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>30</u>		<u>1hr</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 1454-T1
 Signed [Signature] driller performing actual drilling on-site or contractor
 Date 08/09/2001