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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. 48266

1. OWNER Frank Woolsey
 MAILING ADDRESS 2161 W Williams PMB 260
Fallon, NV 89406

ADDRESS AT WELL LOCATION 4411 Falcon Drive,
Fallon, NV 89406

2. LOCATION NW 1/4 NE 1/4 Sec. 28 T 19N N/S R 28E E Churchill County

PERMIT NO. _____ Issued by Water Resources Parcel No. Not Available 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
Top Soil		0	1	1
Brown Sand		1	5	4
Brown Clay		5	19	14
Brown Sand		19	39	20
Gray Clay		39	40	1
Gray Sand		40	43	3
Gray Clay		43	47	4
Gray Sand		47	52	5
Gray Clay		52	53	1
Brownish Sand		53	55	2
Brown Sand	X	55	59	4

8. WELL CONSTRUCTION
 Depth Drilled 59 Feet Depth Cased 59 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 59 Feet
10 Inches
 _____ 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	20
6 PVC	3.92	.258	20	59

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8

From 55 feet to 58 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 54 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 54 feet to 59 feet

9. WATER LEVEL
 Static water level 10 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 1265 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 Norman Parsons
 By driller performing actual drilling on-site or contractor
 Date 02/06/2002

Date started 02/05/2002, 19____
 Date completed 02/05/2002, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>1 hr</u>	