

Log No. 90875
 Permit No. _____
 Basin 107

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 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.240

NOTICE OF INTENT NO. 48940

1. OWNER FRANK PARSONS ADDRESS AT WELL LOCATION 140 ARTIST VIEW
 MAILING ADDRESS PO BOX, SMITH, NV. 89430
 2. LOCATION NW 1/4 SE 1/4 Sec. 13 T. 11 N/S R. 23 E LYON County
 PERMIT NO. 010-281-34 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
<u>TOP SOIL/LOAM</u>	<u>-</u>	<u>0</u>	<u>12</u>	<u>12</u>
<u>HARD PAN</u>		<u>12</u>	<u>16</u>	<u>4</u>
<u>BWN. CLAY</u>		<u>16</u>	<u>28</u>	<u>12</u>
<u>SANDY BWN CLAY</u>		<u>28</u>	<u>36</u>	<u>8</u>
<u>HEAVY SAND</u>		<u>36</u>	<u>65</u>	<u>29</u>
<u>HEAVY SAND/PEA GR.</u>		<u>65</u>	<u>95</u>	<u>30</u>
<u>SAND-MIXED</u>		<u>95</u>	<u>138</u>	<u>43</u>
<u>BLUE CLAY (PLUG)</u>		<u>138</u>	<u>140</u>	<u>2</u>

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet 60 Feet
6 5/8 Inches 60 Feet 140 Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>		<u>1.88</u>	<u>7.5</u>	<u>140</u>

Perforations:
 Type perforation FACTORY SAW SLOT
 Size perforation 0.060 X 3" X 8" OC. - 6 ROWS
 From 110 feet to 140 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 65 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 9-20-03, 19____
 Date completed 9-29-03, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>14 1/2</u>	<u>10</u>	<u>8</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Mills Driller Contractor
 Address P.O. Box 92 Smith Nv. 89430 Contractor
 Nevada contractor's license number 23166 A 32166 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 719 EF
 Signed Edmund Mills By driller performing actual drilling on site or contractor
 Date Oct 15 -03