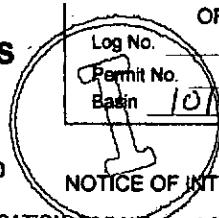


STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 91052

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Ben Dotson** ADDRESS AT WELL LOCATION **2961 Smart Lane Fallon, Nv.**
 MAILING ADDRESS **900 Wildes Rd. Fallon, NV 89406**

2. LOCATION **NW 1/4 NE 1/4 Sec. 35 T 19 N/S R 28 E Churchill** County
 PERMIT NO. **008-812-15** 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	Thickness
top soil		0	1	1
brown silt		1	10	9
brown clay		10	11	1
brown sand		11	30	19
bown clay		30	33	3
gray clay		33	38	5
gray sand		38	45	7
black clay		45	50	5
gray sand		50	64	14
gray clay		64	68	4
gray sand		68	76	8
gray clay		76	78	2
brownish sand		78	80	2
brown sand	xx	80	85	5

8. WELL CONSTRUCTION
 Depth Drilled **85** Feet Depth Cased **85** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **85** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	20
6pvc	3.92	.258	20	85

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

Surface Seal: Yes No Seal Type:
 Depth of Seal **80** _____ Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **80** feet to **85** 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**

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. 89407-1265
 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 **2212**
 Signed _____ By driller performing actual drilling on-site or contractor
 Date **8/15/2003**

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	
	G.P.M.	Time (Hours)
	20	1hr

RECEIVED
 03 AUG 22 AM 11:22
 STATE ENGINEERS OFFICE

Date started **7/11/2003**, 19____
 Date completed **7/11/2003**, 19____