

Log No. 92080  
 Permit No. \_\_\_\_\_  
 Basin 10

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

NOTICE OF INTENT NO. 48765

1. OWNER Jess Reid ADDRESS AT WELL LOCATION 696 Sunrise Terrace,  
 MAILING ADDRESS 800 Lazy Heart Lane Fallon Nv.  
Fallon, NV 89406

2. LOCATION SE 1/4 SE 1/4 Sec. 19 T 19 S R 28 E Churchill County  
 PERMIT NO. 008-314-45 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	21	21
brown clay		21	24	3
gray clay		24	40	16
gray sand		40	51	11
gray clay		51	62	11
gray sand		62	85	23
brownish sand		85	90	5
brown clay		90	94	4
brown sand	xx	94	104	10

8. WELL CONSTRUCTION  
 Depth Drilled 104 Feet Depth Cased 104 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 0 Feet 104 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6pvc</u>	<u>3.92</u>	<u>.258</u>	<u>20</u>	<u>104</u>

Perforations:  
 Type perforation saw cut  
 Size perforation 1/8  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal 100  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 100 feet to 104 feet

9. WATER LEVEL  
 Static water level 16 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 Parsons  
 By driller performing actual drilling on-site or contractor  
 Date 8/25/2003

Date started 8/20/2003 . 19\_\_\_\_\_  
 Date completed 8/20/2003 . 19\_\_\_\_\_  
 19\_\_\_\_\_  
 19\_\_\_\_\_

7. WELL TEST DATA

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