

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

OFFICE USE ONLY
 Log. No. 92096
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. **54524**

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

OWNER Frank Woolsey
 MAILING ADDRESS 2161 W. Williams Ave.
Fallon, NV 89406
 ADDRESS AT WELL LOCATION 4157 Pelican Dr. Fallon,
Nv

2. LOCATION NW 1/4 SE 1/4 Sec. 21 T 19 N/S R 28 E Churchill County
 PERMIT NO. 008-282-37 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	8	8
brown clay		8	16	8
brown sand		16	26	10
brown clay		26	32	6
brown sand		32	35	3
brown clay		35	38	3
brown clay		38	44	6
gray sand		44	59	15
brown sand		59	68	9
gray sand		68	70	2
brown sand		70	77	7
gray clay		77	135	58
gray sand/clay		135	150	15
gray gravel		150	160	10
brown gravel	xx	160	165	5

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8. WELL CONSTRUCTION
 Depth Drilled 165 Feet Depth Cased 165 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 165 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>6 PVC</u>	<u>3.92</u>	<u>.258</u>	<u>20</u>	<u>165</u>

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

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 _____ Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 165 feet

9. WATER LEVEL
 Static water level 14 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 1454
 Signed Norman Parsons
 #By driller performing actual drilling on-site or contractor
 Date 10/21/2003

Date started 9/25/2003, 19____
 Date completed 9/29/2003, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>120</u>		<u>1hr</u>	