

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

OFFICE USE ONLY
 Log No. 92304
 Permit No. 07
 Basin 07
 NOTICE OF INTENT NO. **54539**

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

1. OWNER Jim Ghiglia ADDRESS AT WELL LOCATION 4161 Santa Fe Dr.
 MAILING ADDRESS 4353 Santa Fe Dr. Fallon, Nv.
Fallon, NV 89406

2. LOCATION NW 1/4 SE 1/4 Sec. 28 T 19 N/S R 28 E Churchill County
 PERMIT NO. 008-401-47 Parcel No. 008-401-47 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	40	40
brown clay		40	47	7
gray clay		47	53	6
gray sand		53	68	15
gray silt		68	99	31
gray clay		99	117	18
gray sand	xx	117	119	2
Gray clay		119	123	4
gray sand	xx	123	130	7

8. WELL CONSTRUCTION
 Depth Drilled 130 Feet Depth Cased 130 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 130 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	130

Perforations:
 Type perforation saw cut
 Size perforation 1/8
 From _____ feet to 127 feet to _____ feet to 130 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 130 feet

9. WATER LEVEL
 Static water level 15' 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 _____

Date started 12/17/2003, 19____
 Date completed 12/18/2003, 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		
Draw Down (Feet Below Static)		
<u>15</u>	<u>1hr</u>	

Address P.O. BOX 1265 Contractor _____
FALLON, NV. 89407 Contractor _____
 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 1763
 Signed Wayne Pease
 By driller performing actual drilling on-site or contractor
 Date 1/5/2004