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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. **48694**

1. OWNER **Champions Real Estate-Silver Springs** ADDRESS AT WELL LOCATION **12888 Van Fleet, Fallon, NV.**  
 MAILING ADDRESS **1210 w. Hwy 50 Silver Springs, NV 89429**

2. LOCATION **SE 1/4 NW 1/4 Sec. 9 T 29 N/S R 33 E Churchill** County  
 PERMIT NO. **007-141-69** 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
gravel		0	1	1
brown clay		1	20	19
brown sand		20	31	11
brown clay		31	39	8
gray sand		39	41	2
brown clay		41	50	9
brown sand		50	75	25
brown clay		75	80	5
brown sand		80	83	3
brown clay		83	110	27
brown sand		110	116	6
brown clay		116	140	24
brown sand	XX	140	158	18

8. WELL CONSTRUCTION  
 Depth Drilled **158** Feet Depth Cased **158** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **0** Feet  
 From **0** Feet To **158** Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ 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	158

Perforations:  
 Type perforation **saw cut**  
 Size perforation **1/8**  
 From **155** feet to **158** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Poured  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **50** feet to **158** feet

9. WATER LEVEL  
 Static water level **20** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cool** °F Quality **unknown**

Date started **7/18/2003**  
 Date completed **7/18/2003**

7. WELL TEST DATA

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

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 *[Signature]*  
 By driller performing actual drilling on-site or contractor  
 Date **8/15/2003**