

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

OFFICE USE ONLY
 Log No. 92429
 Permit No. _____
 Basin 10

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

NOTICE OF INTENT NO. **48697**

OWNER **Ben Dotson**
 MAILING ADDRESS **900 Wildes Rd. Fallon, NV 89406**
 ADDRESS AT WELL LOCATION **980 Venturacci Lane Fallon, NV**

2. LOCATION **SW 1/4 NE 1/4 Sec. 25 T 19 N/S R 28 E Churchill** County
 PERMIT NO. **008-314-59** 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
brown sand		0	8	8
brwon clay		8	13	5
brown snd		13	30	17
brown clay		30	33	3
gray clay		33	39	6
gray sand		39	57	18
gray silt		57	70	13
gray sand		70	89	19
brown clay		89	91	2
brown sand		91	103	12
brown sand		103	110	7
brown clay		110	125	15
brown sand		125	130	5
brown clay		130	133	3
gray clay		133	160	27
ay sand		160	192	32
ay clay		192	198	6
gray sand		198	205	7
black clay		205	209	4
brown clay		209	212	3
brown sand	xx	212	223	11

8. WELL CONSTRUCTION
 Depth Drilled **223** Feet Depth Cased **223** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **223** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	25
6pvc	3.92	.258	25	223

Perforations:
 Type perforation **saw cut**
 Size perforation **1/8**
 From **220** feet to **223** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **100**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **223** feet

9. WATER LEVEL
 Static water level **37** 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 Fallon, NV. 89407-1265** 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 **2212**
 Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **8/15/2003**

Date started **7/9/2003**, 19____
 Date completed **7/10/2003**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	40		1 hr