

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 92441
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 54542

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

INTENT OR TYPE ONLY

1. OWNER **Old River Water Company**
 MAILING ADDRESS **1395 Julie Way**
Fallon, NV 89406
 ADDRESS AT WELL LOCATION **Rice Road**
Fallon, NV 89406

2. LOCATION **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$ Sec **24** T **19** N R **28** E **CHURCHILL** County

PERMIT NO. **49834**
 Issued by Water Resource: _____ Filed 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 clay		0	2	2
Brown sand		2	10	8
Brown Clay		10	18	8
Brown Sand		18	30	12
Gray Clay		30	32	2
Gray Sand		32	47	15
Black Silt		47	52	5
Gray Sand		52	92	40
Brown Clay		92	94	2
Brown Sand		94	125	31
Gray Clay		125	132	7
Gray Sand		132	145	13
Black Clay		145	172	27
Gray Sand		172	210	38
Clay		210	230	20
ay Sand		230	237	7
rd Gray Clay		237	273	36
Gray Sand	X	273	310	37
Hard Gray Clay		310	335	25

8. WELL CONSTRUCTION

Depth Drilled **335** Feet Depth Cased **335** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
36 Inches **0** Feet **40** Feet
26 Inches **40** Feet **335** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
30		.250	0	40
16	42	.250	0	295
16	52.3	.312	295	335

Perforations:
 Type perforation **Mill CUT**
 Size perforation **1/16**
 From **275** feet to **335** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **270** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **270** feet to **335** feet

9. WATER LEVEL

Static water level **31** 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 **1753**
 Signed *Walter Parsons*
 By driller performing actual drilling on site or contractor
 Date **January 28, 2004**

Date started **January 5, 20 04**
 Date completed **January 26, 20 04**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down		
	(Feet Below Static)		
G.P.M.	Time (Hours)		
800	100	15hrs	