

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. 93887

Permit No. _____

Basin 101

NOTICE OF INTENT NO. 52887

PRINT OR TYPE ONLY

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

1. OWNER Bob Hammon
 MAILING ADDRESS 5025 Alcorn Road
Fallon, NV 89406
 ADDRESS AT WELL LOCATION Bob Hammon
403 River Village Drive
Fallon, NV 89406

2. LOCATION sw 1/4 se 1/4 Sec 29 T 19 N R 28 E Churchill County
 PERMIT NO. 008-421-41

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
Sand		0	3	3
Clay		3	6	3
Brown Gravel		6	20	14
Brown Clay		20	22	2
Brown Gravel		22	42	20
Black Sand/Gravel		42	45	3
Gray Clay		45	55	10
Black & White Gravel		55	68	13
Gray Clay		68	71	3
Brown Sand & Gravel		71	88	17
Gray Clay		88	92	4
Brown Clay		92	110	18
Gray Clay		110	132	22
Black Sand/Gravel		132	146	14
Gray Clay		146	150	4
Black & White Gravel		150	162	12
Gray Clay		162	165	3
Brown Sand		165	168	3
Brown Gravel	XX	168	173	5

8. WELL CONSTRUCTION
 Depth Drilled 173 Feet Depth Cased 173 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches _____ Feet 173 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	20
6 PVC	3.82	.258	20	173

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 173 feet

9. WATER LEVEL
 Static water level 21 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.

Date started 05/25, 20 04
 Date completed 05/25, 20 04

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

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 06/01/04

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 STATE ENGINEERS OFFICE