

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. 93906
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 54559

PRINT OR TYPE ONLY

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

1. OWNER Don Cox
 MAILING ADDRESS 8800 Ara Lane
Fallon, NV 89406
 ADDRESS AT WELL LOCATION Don Cox
8800 Ara Lane
Fallon, NV 89406

2. LOCATION ne 1/4 sw 1/4 Sec 15 T 19 N R 27 E Churchill County
 PERMIT NO. 007-151-69

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
Sand		0	5	5
Brown Clay		5	18	13
Brown Clay		18	29	11
Brown Gravel		29	52	23
Gray Clay		52	55	3
Black Sand		55	64	9
Black Clay		64	74	10
Black Clay		75	84	9
Bron Clay		84	90	6
Brown Gravel	XX	90	98	8

8. WELL CONSTRUCTION
 Depth Drilled 98 Feet Depth Cascd 98 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches _____ Feet _____ 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	98

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 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ 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 05/04, 20 04
 Date completed 05/04, 20 04

7. WELL TEST DATE

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

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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 04 JUN - 8 AM 10:51
 STATE ENGINEERS OFFICE