

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. 95039
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 54578

PRINT OR TYPE ONLY

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

1. OWNER Alex Mueller ADDRESS AT WELL LOCATION Alex Mueller
 MAILING ADDRESS 1000 S Crook Road 1000 S Crook Road
Fallon, NV 89406 Fallon, NV 89406

2. LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 33 T 19 N R 29 E Churchill County
 PERMIT NO. SE 007-851-14 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	Thickness
Brown Sand		0	28	28
Gray Sand		28	32	4
Gray Clay		32	35	3
Black Clay		35	60	25
Black Sand		60	73	13
Black Clay		73	93	20
Black Sand		93	99	7
Brown Gravel		99	112	13
Brown Clay		112	115	3
Brown Gravel	XX	115	120	5

8. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> inches	<u>0</u> Feet <u>120</u> Feet
_____ inches	_____ Feet _____ Feet
_____ inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6 pVC</u>	<u>3.82</u>	<u>.258</u>	<u>20</u>	<u>120</u>

Perforations:

Type perforation Saw Cut
 Size perforation 1/8

From	To
<u>116</u> feet to	<u>120</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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 120 feet

9. WATER LEVEL

Static water level 17 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 05/07, 20 04
 Date completed 05/07, 20 04

7. WELL TEST DATE

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

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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 04 JUN 16 AM 10:28
 STATE ENGINEERS OFFICE