

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. 95209
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 53799

PRINT OR TYPE ONLY

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

1. OWNER Jess Reid ADDRESS AT WELL LOCATION Jess Reid
 MAILING ADDRESS 880 Laxy Heart Lane 4609 Rancheria Drive
Fallon, NV 89406 Fallon, NV 89406

2. LOCATION sw 1/4 nw 1/4 Sec 16 T 19 N R 28 E Churchill County
 PERMIT NO. 008-121-89
 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	Thick-ness
Sand		0	15	15
Clay		15	35	20
Sand & Clay		35	40	5
Sand		40	44	4
Clay		44	60	16
Clay & Sand		60	62	2
Black Clay		62	64	2
Black Sand		64	80	16
Gray Clay		80	82	2
Gray Sand		82	95	8
Brown Sand		95	98	3
Brown Sand		98	110	12
Brown Gravel		110	120	10
Gray Sand		120	135	15
Gray Clay		135	150	15
Gray Sand		150	180	30
Green Clay		180	184	4
Gray Sand		184	188	4
Brown Clay		188	195	7
Brown Sand		195	205	15

8. WELL CONSTRUCTION
 Depth Drilled 205 Feet Depth Cased 205 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches _____ Feet 205 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	205

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)

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 10/01/2004

7. WELL TEST DATE

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

Date started 09/23, 20 04
 Date completed 09/24, 20 04

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 04 OCT -6 PM 1:26
 STATE ENGINEERS OFFICE