

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. 95290
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 53791

1. OWNER Ray Hendrix ADDRESS AT WELL LOCATION Ray Hendrix
 MAILING ADDRESS 2650 Harvey lane 2700 Harvey lane
Fallon, NV 8406 Fallon, NV

2. LOCATION se 1/4 sw 1/4 Sec 15 T 19n N R 28 E Churchill County

PERMIT NO. 008-081-10
 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	3	3
Brown Clay		3	25	22
Brown Sand		25	38	13
Black Clay		38	41	3
Gray Clay		41	42	1
Black Sand		42	62	20
Gray Clay		62	64	2
Gray Sand		64	75	11
Brown Sand		75	80	5
Brown Sand		80	85	5
Brown Sand		85	90	5
Gravel		90	100	10
Gray Clay		100	108	8
Gray Sand		108	125	17
Black Clay		125	130	5
gray Clay		130	134	4
Gray Sand		134	160	26
Gray Clay		160	169	9
Brown Clay		169	175	6
Brown Sand	XX	175	205	30

8. WELL CONSTRUCTION
 Depth Drilled 205 Feet Depth Cased 205 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 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 _____ 200 feet to _____ 205 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 _____ 50 feet to _____ 205 ~~175~~ feet

9. WATER LEVEL
 Static water level _____ 34 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 11/5/04

Date started 10/01, 20 04
 Date completed 10/01, 20 04

7. WELL TEST DATE

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

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 STATE ENGINEERS OFFICE