

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. 9529
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 53788

PRINT OR TYPE ONLY

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

1. OWNER Ray Hendrix ADDRESS AT WELL LOCATION Ray Hendrix
 MAILING ADDRESS 2650 Harvey lane 2750 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. 008-081-09
 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	20	17
Brown Sand		20	35	15
Gray Clay		35	40	5
Black Clay		40	45	5
Black Sand		45	50	5
Black Clay		50	55	5
Black Sand		55	58	3
Gray Clay		58	63	5
Gray Sand		63	75	12
Green Clay		75	76	1
Gray Sand		76	80	4
Gravel		80	83	3
Brown Sand		83	95	12
Gra Clay		95	105	10
Black Clay		105	110	5
Black Sand		110	125	15
Gray Clay		125	130	5
Black Clay		130	135	5
Black Sand		135	142	7
Gray Clay		142	145	3
Gray Sand		145	165	20
Brown Clay		165	166	1
Brown Sand	XXX	166	185	19

8. WELL CONSTRUCTION
 Depth Drilled 185 Feet Depth Cased 185 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches _____ Feet 185 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	185

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 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 185 feet

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

9. WATER LEVEL
 Static water level _____ 32 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

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

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

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 10th NOV 24 AM 10:51
 STATE ENGINEERS OFFICE