

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
 95481

Log No. _____
 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. 53809

1. OWNER Arthur Johnson ADDRESS AT WELL LOCATION Arthur Johnson
 MAILING ADDRESS 4575 Tarzyn Road 1553 Potpourri Drive
Fallon, NV 89406 Fallon, NV 89406

2. LOCATION SE 1/4 NW 1/4 Sec 22 T 19 N R 28 E Churchill County

PERMIT NO. 008-221-23
 Issued by Water Resources Parcel No. _____

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	26	21
Brown Sand		26	35	9
Gray Clay		35	36	1
Gray Sand		36	48	12
Black Clay		48	51	3
Black Sand		51	56	4
Gray Clay		56	58	2
Gray Sand		58	73	15
Brown Clay		73	75	2
Brown Sand	XXX	75	83	8

8. WELL CONSTRUCTION

Depth Drilled 83 Feet Depth Cased 83 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>83</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>85</u>

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 _____ 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ cool °F Quality unknown

Date started 10/21, 20 04
 Date completed 10/21, 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

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.		

RECEIVED
 04 NOV 24 AM 10:51
 STATE ENGINEERS OFFICE