

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. 96084
 Permit No. _____
 Basin 101

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

NOTICE OF INTENT NO. 53782

INTENT OR TYPE ONLY

1. OWNER **Bob Rhinehart**
 MAILING ADDRESS 6450 Cox Road
Fallon, NV 89406
 ADDRESS AT WELL LOCATION **Bob Rhinehart**
6450 Cox Road
Fallon, NV 89406

2. LOCATION sw $\frac{1}{4}$ ne $\frac{1}{4}$ Sec 18 T 19 N R 28 E Churchill County
 PERMIT NO. 008-113-51

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
Gravel		5	15	10
Brown Clay		15	23	8
Brown Sand		23	50	27
Black Clay		50	73	23
Gray Clay		73	75	2
Gray Sand		75	105	30
Black Clay		105	108	3
Black Sand		108	138	30
Black Clay		138	239	101
Black Sand		239	250	11
Cinders		250	320	70
Gray Sand		320	355	35
Brown Clay		355	360	5
Brown Sand		360	390	30
Black Sand		390	410	20
Gray Clay		410	420	10
Brown Clay		420	423	3
Brown Sand	XX	423	445	22

8. WELL CONSTRUCTION
 Depth Drilled 445 Feet Depth Cased 445 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 445 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	20
6	3.92	.258	20	445

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 240 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 240 feet to 445 feet

9. WATER LEVEL
 Static water level 42 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 1753
 Signed Wayne
 By driller performing actual drilling on site or contractor
 Date 01/11/2005

Date started 11/05, 20 04
 Date completed 11/12, 20 04

7. WELL TEST DATE

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

RECEIVED
 05 JAN 16 AM 11:13
 STATE ENGINEERS OFFICE