

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. 96121  
 Permit No. \_\_\_\_\_  
 Basin 101  
 NOTICE OF INTENT NO. 54879

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

PRINT OR TYPE ONLY

1. OWNER **CHRH**  
 MAILING ADDRESS **660 Thornbird Dr**  
**Fallon, NV 89406**  
 ADDRESS AT WELL LOCATION **CHRH**  
**660 Thornbird Dr**  
**Fallon, NV 89406**

2. LOCATION **NW 1/4 SE 1/4 Sec 6 T 18 N R 29 E** **Churchill** County  
 PERMIT NO. **006-732-32**

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	Thickness
Sand		0	3	3
Brown Clay		3	13	10
Brown Sand		13	32	19
Gray Clay		32	36	4
Gray Sand		36	41	5
Black Clay		41	65	24
Black Sand		65	83	18
Gray Clay		83	91	8
Gray Sand	XX	91	119	28

8. WELL CONSTRUCTION  
 Depth Drilled **119** Feet Depth Cased **119** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ 10-Inches \_\_\_\_\_ 0-Feet \_\_\_\_\_ 119 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	119

Perforations:  
 Type perforation **Saw Cut**  
 Size perforation **1/8**  
 From \_\_\_\_\_ 99 feet to \_\_\_\_\_ 119 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 \_\_\_\_\_ 119 feet

9. WATER LEVEL  
 Static water level **23** 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.

Date started **12/30**, 20 **04**  
 Date completed **12/30**, 20 **04**

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-T1**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
		<b>2:33:50</b>	

Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **01/11/2005**

RECEIVED  
 05 JAN 11 2005  
 STATE ENGINEERS OFFICE