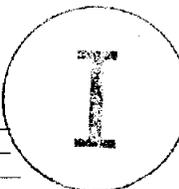


STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. **98309**
Permit No. _____
Basin **101**



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 55709

1. OWNER Lisa Hess
MAILING ADDRESS 3500 Schurz Hwy Fallon, NV 89406
Fallon, NV 89406

ADDRESS AT WELL LOCATION 3500 Schurz Hwy
Fallon, NV 89406

2. LOCATION NE 1/4 SE 1/4 Sec. 12 T 18N R 28E
PERMIT NO. _____ Parcel No. **00639101** Subdivision Name _____

Churchill County
Lot _____

3. WORK PERFORMED New Well	4. PROPOSED USE Domestic	5. WELL TYPE Rotary-mud
-------------------------------	-----------------------------	----------------------------

6. LITHOLOGIC LOG				
Material	Water Status	From	To	Thickness
Brown Clay		0	32	32
Black Sand		32	53	21
Black Clay		53	65	12
Black Sand		65	75	10
Gray Clay		75	86	11
Gray Sand		86	102	16
Gray Clay		102	109	7
Gray Sand		109	132	23
Brown Clay		132	134	2
Brown Sand	X	134	144	10

8. WELL CONSTRUCTION			
Depth Drilled	144	Depth Cased	144 Feet
HOLE DIAMETER (BIT SIZE)			
	From	To	
12 Inches	0 Feet	100 Feet	
10 Inches	100 Feet	144 Feet	
Inches	Feet	Feet	

CASING SCHEDULE				
Size O.D. (inches)	Weight/FT (Pounds)	Wall Thickness	From (Feet)	To (Feet)
6	3.82	0.258	20	144
6.625	12.92	6.625	0	20

Perforations:
Type perforation Saw Cut
Size perforation 0.125
From 139 feet to 144 feet

Surface Seal: Yes No Seal Type: Concrete Grout
Depth of Seal 100
Placement Method: Pumped
Gravel Packed: Yes No
From 100 feet to 144 Feet

9. WATER LEVEL
Static Water Level 22 feet below land surface
Artesian Flow G.P.M. P.S.I.
Water temperature °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 403 McLean Road
Fallon, NV 89407
Contractor
Nevada contractor's license number 29064
issued by the State Contractor's Board
Nevada driller's license number issued by the 1454-T1
Division of Water Resource, the on-site driller
Signed *[Signature]*
By driller performing the actual drilling on site or contractor
Date 7/7/2005

RECEIVED
JUL 12 11 20 07
DIVISION OF WATER RESOURCES OFFICE

Latitude _____
Longitude _____

Date started 6/24/2005
Date completed 6/25/2005

7. WELL TEST DATA			
TEST METHOD			
Comments	GPM	Drawdown	Time (Hours)