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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 18870

1. OWNER Paul Shamlin Jr. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 710 W. Williams Ave. 4150 Bottom Road
Fallon, Nev. 89406 Fallon, Nev. 89406
 2. LOCATION NE 1/4 NE 1/4 Sec. 32 T. 19 N/S R. 28 E Churchill County Pleasant Green
 PERMIT NO. 08-691-69 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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	8	8
Brown Clay		8	10	2
Brown Coarse Sand		10	12	2
Brown Clay		12	16	4
Brown Coarse Sand		16	29	13
Brown Fine Sand		29	32	3
Green Clay		32	34	2
Fine Green Sand		34	35	1
Brown Coarse Sand		35	46	11
Fine Green Sand		46	47	1
Black & Green Coarse				
Sand		47	49	2
Black Sand Clay		49	53	4
Fine Green Sand		53	55	2
Black & Green Coarse				
Sand		55	57	2
Fine Gray Sand		57	63	6
Black & Green Coarse				
Sand		63	68	5
Brown Clay		68	73	5
Brown Coarse Sand &				
Gravel	X	73	86	13

8. WELL CONSTRUCTION
 Depth Drilled 86 Feet Depth Cased 86 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 86 Feet
10 Inches _____ Feet _____ 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	86

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 82 feet to 85 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 75' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 75 feet to 86 feet

9. WATER LEVEL
 Static water level 14'7" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Unknown

Date started June 6, 1992
 Date completed June 6, 1992

7. WELL TEST DATA

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

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, NEVADA 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 1715
 Signed Douglas Parsons
 By driller performing actual drilling on site or contractor
 Date June 11, 1992