

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 21413

1. OWNER Help-U-Sell/ Gary Hutchings ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 710 West Williams Avenue 2945 Peachtree Road Lot #14
Fallon, NV 89406 Fallon, NV 89406
 2. LOCATION se 1/4 SE 1/4 Sec 6 T 18 N/S R 28 E Churchill County
 PERMIT NO. _____ Lot #14 _____
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	6	6
Coarse Brown Sand		6	14	8
Brown Clay		14	18	4
Brown Coarse Sand		18	24	6
Fine Brown Sand		24	28	4
Brown Coarse Sand		28	32	4
Brown Clay		32	34	2
Green Fine Sand		34	38	4
Black Coarse Sand		38	42	4
Black Fine Sand		42	46	4
Black & Green Coarse Sand		46	57	11
Black Sandy Clay		57	64	7
Black & Green Coarse Sand		64	78	14
Black Clay		78	84	6
Black & Green Coarse Sand		84	96	12
Fine Gray Sand		96	103	7
Black & Green Coarse Sand		103	111	8
Brown Clay		111	142	31
Fine Brown Sand		142	148	6
Coarse Brown Sand	X	148	157	9

8. WELL CONSTRUCTION
 Depth Drilled 157 Feet Depth Cased 157 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 157 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	157

Perforations: Mill Cut
 Type perforation _____
 Size perforation 1/8"
 From 153 feet to 156 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 _____ Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 157 feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started October 19 1992
 Date completed October 19 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, NV 89407
 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 Doug Parsons
 By driller performing actual drilling on site or contractor
 Date Oct 27, 1992