

OFFICE USE ONLY
 Log No. 40064
 Permit No. 8-101
 Basin 8-101

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. 23613

1. OWNER Mike Casey ADDRESS AT WELL LOCATION 977 Thornbird Drive
 MAILING ADDRESS 1600 Allen Road Fallon, NV 89407
 2. LOCATION SE 1/4 NE 1/4 Sec. 6 T 18 N 29 E Churchill County
 PERMIT NO. 006-691-29 Issued by Water Resources Parcel No. Subdivision Name

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	11	11
Brown Clay		11	17	6
Brown Coarse Sand		17	19	2
Brown Clay		19	23	4
Fine Brown Sand		23	30	7
Fine & Coarse Black & Brown Sand	X	30	34	4

8. WELL CONSTRUCTION
 Depth Drilled 34 Feet Depth Cased 34 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 34 Feet
 Casing Schedule

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	34

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 30 feet to 33 feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 25 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 25 feet to 34 feet

9. WATER LEVEL
 Static water level 8 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 1715
 Signed Doug Parsons
 By driller performing actual drilling on site or contractor
 Date Jan 6, 1993

Date started December 21, 1992
 Date completed December 21, 1992

7. WELL TEST DATA

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)