

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 40085
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 23614

1. OWNER Help-U-Sell Realty/Gary Hutchings ADDRESS AT WELL LOCATION: 4100 Magnolia
 MAILING ADDRESS: 710 W. Williams Ave Fallon, NV 89406
 2. LOCATION NE 1/4 NE 1/4 Sec 33 T 19 N 28 E Churchill County
 PERMIT NO. 08-69-75
 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	12	12
Brown Clay		12	18	6
Brown Coarse Sand		18	25	7
Fine Brown Sand		25	31	6
Brown Coarse Sand		31	42	11
Fine Green Sand		42	47	5
Black & Green Coarse Sand		47	53	6
Fine Green Sand		53	58	5
Black & Green Coarse Sand		58	62	4
Brown Coarse Sand		62	67	5
Brown Coarse Sand & Gravel	X	67	82	15

8. WELL CONSTRUCTION
 Depth Drilled 82 Feet Depth Cased 82 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 82 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	82

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 78 feet to 81 feet
 _____ feet to _____ feet
 _____ feet to _____ feet
 _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 70 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 70 feet to 81 feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started December 18 1992
 Date completed December 18 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 89407-1265
 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

RECEIVED
 JAN - 8 1993
 STATE ENGINEER'S OFFICE