

OFFICE USE ONLY
 Log No. 40585
 Permit No. 101
 Basin 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. 21471

1. OWNER Don Mattern ADDRESS AT WELL LOCATION 1400 Wildes Road
 MAILING ADDRESS 1400 Wildes Road Fallon, NV 89406
 2. LOCATION NW 1/4 NW 1/4 Sec 6 T 18 N 29 E Churchill County
 PERMIT NO. 6-692-02 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	10	10
brown Clay		10	13	3
Brown Fine Sand		13	32	19
Fine Green Sand		32	38	6
Black & Green Clay		38	46	8
Black Coarse Sand		46	53	7
Fine Green Sand		53	58	5
Black & Green Coarse Sand		58	61	3
Fine Green Sand		61	66	5
Black & Green Coarse Sand		66	73	7
Fine Gray Sand		73	98	25
Brown & Green Coarse Sand		98	116	18
Brown Fine Sand		116	118	2
Brown Clay		118	130	12
Brown Fine Sand		130	134	4
Brown Coarse Sand	X	134	142	8

8. WELL CONSTRUCTION
 Depth Drilled 142 Feet Depth Cased 142 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 142 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	142

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 137 feet to 141 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 142 feet

9. WATER LEVEL
 Static water level 11' 10" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started January 22, 1993
 Date completed January 22, 1993

7. WELL TEST DATA

TEST METHOD:	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 894-07-1265
 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 Don Parsons
 By Driller performing actual drilling on site or contractor
 Date Jan 29, 1993