

OFFICE USE ONLY
 Log No. 40647
 Permit No. 01
 Basin 1
 NOTICE OF INTENT NO. 22601

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

1. OWNER Hammond Homes & Construction ADDRESS AT WELL LOCATION
 MAILING ADDRESS 1780 Lattin Road 5925 Solias Road
Fallon, NV 89406 Fallon, NV 89406
 2. LOCATION SW SW 1/4 Sec. 22 T. 18 N. R 28 E. Churchill County
 PERMIT NO. 6-433-39 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 Coarse Sand		11	18	7
Fine Brown Sand		18	23	5
Fine Gray Sand		23	27	4
Black & Green Coarse Sand		27	31	4
Fine Green Sand		31	39	8
Black Sandy Clay		39	43	4
Black & Green Coarse Sand		43	56	13
Brown Clay		56	59	3
Black & Green Coarse Sand		59	62	3
Black & Brown Coarse Sand	X	62	72	10

8. WELL CONSTRUCTION
 Depth Drilled 72 Feet Depth Cased 72 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 72 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	72

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 68 feet to 71 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 72 feet

9. WATER LEVEL
 Static water level 11' 3" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started March 8, 1993
 Date completed March 8, 1993

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)	

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
 Date March 10, 1993