

OFFICE USE ONLY
 Log No. 48793
 Permit No. _____
 Basin. 101

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 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. 22521

1. OWNER Tom Robinson ADDRESS AT WELL LOCATION 1920 Western Avenue
 MAILING ADDRESS 5201 Candee Lane Fallon, NV 89406
 2. LOCATION NW 1/4 ne 1/4 Sec. 19 T. 19 N. 28 E Churchill County
 PERMIT NO. 008-132-15 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	Thickness
Sand		0	8	8
Brown Clay		8	11	3
Green Clay		11	13	2
Brown Clay		13	19	6
Green Clay		19	21	2
Brown Clay		21	30	9
Brown Coarse Sand		30	35	5
Fine Brown Sand		35	39	4
Fine Green Sand		39	42	3
Fine Gray Sand		42	44	2
Black & Green Coarse Sand		44	48	4
Fine Brown Sand		48	50	2
Coarse Brown Sand & Gravel	X	50	57	7

8. WELL CONSTRUCTION
 Depth Drilled 57 Feet Depth Cased 57 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 57 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Pt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	57

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8"
 From 53 feet to 56 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 57 feet

9. WATER LEVEL
 Static water level 11' 6" 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 Don Parsons
 By driller performing actual drilling on site or contractor
 Date March 19, 1993

Date started March 19, 1993
 Date completed March 19, 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)	

1993 MAR 25 P 2:46
 STATE ENGINEER'S OFFICE