

OFFICE USE ONLY
Log No. 2084
Permit No. 101
Basin T
NOTICE OF INTENT NO. 22610

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WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Help-U-Sell Realty ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 710 W Williams Avenue 4007 Cimarron
Fallon, NV 89406 Fallon, NV 89406
2. LOCATION NE 1/4 NE 1/4 Sec. 33 T. 19 N. 28 E Churchill County Churchill
PERMIT NO. 008-691-78 Pheasant Green
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	14	14
Brown Clay		14	19	5
Fine Brown Sand		19	26	7
Brown COarse Sand		26	31	5
Fine Brown Sand		31	35	4
Brown COarse Sand		35	43	8
Fine Green Sand		43	46	3
Black & Green Coarse Sand		46	49	5
Black Sandy Clay		49	53	4
Fine Green Sand		53	55	2
Black & Green Coarse Sand		55	67	12
Brown COarse Sand	X	67	83	16

8. WELL CONSTRUCTION
Depth Drilled 83 Feet Depth Cased 83 Feet
HOLE DIAMETER (BIT SIZE)
From 10 Inches To 0 Feet 83 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	83

Perforations:
Type perforation Mill Cut
Size perforation 1/8"
From 78 feet to 82 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 75 Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From 75 feet to 83 feet

9. WATER LEVEL
Static water level 15'6" feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cool °F Quality unknown

Date started April 5, 19 93
Date completed April 5, 19 93

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 Pearson
By driller performing actual drilling on site or contractor
Date April 10, 1993

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RECEIVED
STATE ENGINEERS OFFICE