

OFFICE USE ONLY
 Log No. 41931
 Permit No. _____
 Basin 01
 NOTICE OF INTENT NO. 22539

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 Tim Hogan ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3250 Alcorn Road _____
Fallon, NV 89406 _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 27 T. 19 N. 28 E. Churchill County
 PERMIT NO. 008-431-04 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	4	4
Brown Coarse Sand		4	28	24
Fine Brown Sand		28	33	5
Brown Coarse Sand		33	36	3
Fine Green Sand		36	46	10
Black & Green Coarse Sand		46	53	7
Fine Gray Sand		53	60	7
Brown Coarse Sand		60	64	4
Fine Green Sand		64	67	3
Black & Green Coarse Sand		67	71	4
Fine Brown Sand		71	73	2
Brown Coarse Sand	X	73	83	10

8. WELL CONSTRUCTION
 Depth Drilled 83 Feet Depth Cased 83 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 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 7/8"
 From 78 feet to 82 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 75
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 75 feet to 83 feet
 9. WATER LEVEL
 Static water level 11' 8" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started April 19, 1993
 Date completed April 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)	

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 Doug Parsons performing actual drilling on site or contractor
 Date April 29, 1993

'93 MAY 11 P2:52
 STATE ENGINEERS OFFICE