

OFFICE USE ONLY
 Log No. 435815
 Permit No.
 Basin 8-101

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. 25052

1. OWNER Arthur Wifneski ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 10500 Reservation Road Souza's Place Road
Fallon, NV 89406 Fallon, NV89406
 2. LOCATION SE 1/4 SW 1/4 Sec 2 T. 19 N. 30 E. Churchill County
 PERMIT NO. 09-031-03 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
Top Soil		0	5	5
Dark Brown Clay		5	25	20
Green Clay		25	43	18
Black Clay		43	45	2
Green Clay		45	54	9
Fine Gray Sand		54	70	16
Green Clay		70	73	3
Fine Gray Sand		73	110	37
Green Clay		110	143	33
Black Clay		143	151	8
Gray Clay		151	155	4
Fine Green Sand		155	175	20
Gray Clay		175	198	23
Fine Green Sand		198	210	12
Gray Clay		210	227	17
Fine Green Sand		227	234	7
Black Clay		234	255	21
Fine & Coarse Gray Sand		255	290	35
Green Clay		290	455	165
Sandy Green Clay		455	460	5
Green & Black Sand	X	460	500	40

8. WELL CONSTRUCTION
 Depth Drilled 500 Feet Depth Cased 500 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 3/4 Inches To 0 Feet 500 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>500</u>

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From 440 feet to 500 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 500 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow 1 G.P.M. _____ P.S.I.
 Water temperature Warm °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 1753
 Signed W. J. Kiser
 By driller performing actual drilling on site or contractor
 Date 12/20/03

Date started 11-15, 1993
 Date completed 11-28, 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	G.P.M.	

STATE ENGINEER