

OFFICE USE ONLY  
 Log No. 48379  
 Permit No. 110A  
 Basin I  
 NOTICE OF INTENT NO. 32962

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 Mike & Laurie Bean ADDRESS AT WELL LOCATION Lake Pasture Rd. Schurz, NV.  
 MAILING ADDRESS P.O. Box 247 Schurz, NV. 89427

2. LOCATION SW 1/4 SE 1/4 Sec. 5 T. 12 N/S R. 29 E Mineral County Walker River Reservation  
 PERMIT NO. N/A 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
Brown Sand		0	18	18
Brown Clay		18	21	3
Brown Sand		21	45	24
Brown Clay		45	49	4
Brown Sand		49	70	21
Brown Clay		70	73	3
Brown Sand	XX	73	110	37
Brown Clay		110	112	2
Brown Sand	XX	112	120	8

8. WELL CONSTRUCTION  
 Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 0 Feet 120 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	120

Perforations:  
 Type perforation Mill-Cut  
 Size perforation 1/8"  
 From 100 feet to 120 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal 50 Ft.  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
 From 50 feet to 120 feet

9. WATER LEVEL  
 Static water level 43 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature COOL °F Quality Unknown

Date started July 17 19 95  
 Date completed July 17 19 95

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 FALLON, NV. 89407-1265 Contractor  
 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 Wayne Parsons By driller performing actual drilling on site or contractor  
 Date 6-27-95

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 95 AUG -4 AM 11:39  
 STATE ENGINEERS OFFICE