

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 18405
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 41622

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Bob Moore ADDRESS AT WELL LOCATION 6225 Teal Dr. Fallon, NV. 89406
 MAILING ADDRESS P.O. Box 1848
Reno, NV 89505
 2. LOCATION SW 1/4 NE 1/4 Sec. 19 T 19N N/S R 28 E Churchill County
 PERMIT NO. 00813261 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	7	7
BROWN CLAY		7	25	18
BROWN SAND		25	52	27
GREEN SILT		52	60	8
GRAY SAND		60	74	14
BROWN CLAY		74	78	4
BROWN SAND	XX	78	93	15

8. WELL CONSTRUCTION
 Depth Drilled 93 Feet Depth Cased 93 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet
93 Feet
 _____ Feet _____ Feet
 _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.94	.188	0	10
6 PVC	3.92	.258	10	93

Perforations:
 Type perforation SAW CUT
 Size perforation 1/8
 From 89 feet to 93 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal 80 Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 80 feet to 93 feet

9. WATER LEVEL
 Static water level 11 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 1264 Contractor
Fallon, Nv. 89407
 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 Parry
 By driller performing actual drilling on-site or contractor
 Date 5/19/99

Date started 5/28/99, 19____
 Date completed 5/28/99, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	Draw Down (Feet Below Static)		
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>40</u>	<u>1 HR</u>	