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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

NOTICE OF INTENT NO. 43764

1. OWNER Bob Scott ADDRESS AT WELL LOCATION 2865 Cushman Rd
 MAILING ADDRESS _____ Fallon, NV
 2. LOCATION NW 1/4 SE 1/4 Sec 28 T 18 N/S R. 29 E Churchill County
 PERMIT NO. _____ Parcel No. 006-851-72 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
CLAY		0	10	10
SAND		10	40	30
CLAY & SAND		40	140	100
CLAY		140	150	10
SAND		150	160	10

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 160 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</u>	<u>3.2</u>	<u>.280</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation SLOTS
 Size perforation 1/8 x 3"
 From 155 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 150 feet to 160 feet

9. WATER LEVEL
 Static water level 4 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 20.1 °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name FARRIS DRILLING Contractor
 Address PO Box 5205 Contractor
Fallon, NV 89407
 Nevada contractor's license number 43145
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2082
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 5-10-00

Date started 4-6-2000
 Date completed 4-8-2000

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>	<u>8'</u>	<u>4</u>	