

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. **I 204**

1. OWNER Frank Woolsey
 MAILING ADDRESS 2161 W Williams #208
Fallon, NV 89406

ADDRESS AT WELL LOCATION 4380 Hawk Dr. Fallon, NV. 89406

2. LOCATION NE 1/4 NE 1/4 Sec. 28 T 19N N/S R 28E E Churchill County

PERMIT NO. _____ Issued by Water Resources Parcel No. 08-281-68 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 | 12 | 12 |
| Brown Clay | | 12 | 16 | 4 |
| Brown Sand | | 16 | 22 | 6 |
| Brown Sand | | 22 | 35 | 13 |
| Brown Silt | | 35 | 38 | 3 |
| Gray Sand | | 38 | 58 | 20 |
| Brown Sand | XX | 58 | 68 | 10 |

8. WELL CONSTRUCTION
 Depth Drilled 68 Feet Depth Cased 68 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 68 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 | 12.92 | .188 | 0 | 10 |
| 6 pvc | 3.92 | .258 | 10 | 68 |

Perforations:
 Type perforation saw cut
 Size perforation 1/8

From _____ feet to _____ feet
 From 65 feet to 68 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 60 feet to 68 feet

9. WATER LEVEL
 Static water level 9 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 Parsons
 By driller performing actual drilling on-site or contractor
 Date 03/06/2000

Date started 02/29/2000, 19____
 Date completed 02/29/2000, 19____

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 checked="" type="checkbox"/> Air Lift | <u>40</u> | | <u>1 hr</u> |