

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

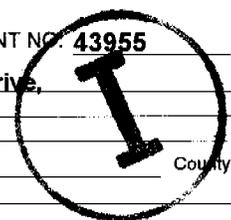
NOTICE OF INTENT NO. **43955**

1. OWNER **Frank Woolsey**  
 MAILING ADDRESS **2161 W Williams PMB 280**  
**Fallon, NV 89406**

ADDRESS AT WELL LOCATION **4305 Falcon Drive,**  
**Fallon, NV 89406**

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

PERMIT NO. not assigned yet 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	5	5
Brown Clay		5	19	14
Brown Sand		19	36	17
Brown Clay		36	37	1
Gray Clay		37	40	3
Gray Sand		40	48	8
Brown Sand		48	50	2
Gray Sand		50	55	5
Gray Clay		55	57	2
Brown Clay		57	58	1
Brown Sand	XX	58	63	5

8. WELL CONSTRUCTION  
 Depth Drilled 63 Feet Depth Cased 63 Feet

HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 0 Feet 63 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	10
6 pvc	3.92	.258	10	63

Perforations:  
 Type perforation **Saw Cut**  
 Size perforation 1/8

From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 55 \_\_\_\_\_  
 Neat Cement  
 Placement Method:  Pumped  Poured  Cement Grout  Concrete Grout

Gravel Packed:  Yes  No  
 From 55 feet to 63 feet

9. WATER LEVEL  
 Static water level 16 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality unknown

Date started 04/05/2001, 19  
 Date completed 04/05/2001, 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input checked="" type="checkbox"/>	Draw Down (Feet Below Static)	Time (Hours)
	<u>20</u>			<u>1 hr</u>

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 **1454-T1**

Signed [Signature]  
 By driller performing actual drilling on-site or contractor  
 Date 04/09/2001