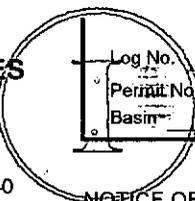


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
 88057
 101

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

NOTICE OF INTENT NO. **50151**

1. OWNER **Frank Woolsey** ADDRESS AT WELL LOCATION **4246 Pelican Drive,**
 MAILING ADDRESS **2161 W Williams Ave PMB 280** **Fallon, NV 8906**
Fallon, NV 89406

2. LOCATION **NW** 1/4 **SE** 1/4 Sec. **21** T **19N** N/S R **28E** E **churchill** County
 PERMIT NO. **008-282-52** 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	Thick-ness
Top Soil		0	2	2
Brown Sand		2	10	8
Brown Clay		10	17	7
Brown Sand		17	23	6
Brown Clay		23	25	2
Brown Sand		25	31	6
Brown Clay		31	32	1
Gray Clay		32	38	6
Gray Sand		38	50	12
Gray Clay		50	54	4
Gray Sand		54	56	2
Gray Clay		56	58	2
Brown Sand	XX	58	61	3

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **61** Feet Depth Cased **61** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **61** 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	+2	10
6 PVC	3.92	.258	10	61

Perforations:
 Type perforation **Saw Cut**
 Size perforation **1/8**
 From _____ **58** feet to _____ **61** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **56** _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55** feet to **61** feet

9. WATER LEVEL
 Static water level **14** 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

Date started **10/21/2002**, 19
 Date completed **10/21/2002**, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	30	1hr
G.P.M.		

Address **P.O. Box 1265** Contractor
Fallon Nv. 89407-1265
 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 **2212**
 Signed *W. Parsons*
 By driller performing actual drilling on-site or contractor
 Date **11/04/2002**