

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 92426
 Permit No. _____
 Basin (D)

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. **48685**

1. OWNER **Hawk Properties**
 MAILING ADDRESS **2161 W. Williams Ave. Fallon, NV 89406**
 ADDRESS AT WELL LOCATION **lot #62 4524 Hawk Drive Fallon, Nv.**

2. LOCATION **NW 1/4 NE 1/4 Sec. 28 T 19 N/S R 28 E Churchill** County
 PERMIT NO. **008-282-19** Parcel No. _____ Subdivision Name _____
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|-----------------|--------------|------|----|-----------|
| brown clay | | 0 | 13 | 13 |
| brown sand | | 13 | 33 | 20 |
| gray silt | | 33 | 37 | 4 |
| gray sand | | 37 | 53 | 16 |
| fine brown sand | | 53 | 60 | 7 |
| gray sand | | 60 | 67 | 7 |
| brown clay | | 67 | 72 | 5 |
| brown sand | XX | 72 | 80 | 8 |

8. WELL CONSTRUCTION
 Depth Drilled **80** Feet Depth Cased **80** Feet
 HOLE DIAMETER (BIT SIZE)
 10 Inches From 0 Feet To 80 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 | 20 |
| 6pvc | 3.92 | .258 | 20 | 80 |

Perforations:
 Type perforation **saw cut**
 Size perforation **1/8**
 From **76** feet to **80** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **70** Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **70** feet to **80** feet

9. WATER LEVEL
 Static water level **15** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °F Quality **unknown**

Date started **5/17/2003**, 19____
 Date completed **5/17/2003**, 19____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | 15 | | 1hr |

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 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 _____
 By driller performing actual drilling on-site or contractor
 Date **8/15/2003**