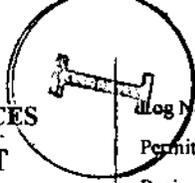


CORRECTED
STATE OF NEVADA



OFFICE USE ONLY
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- COPIES TO
- DIVISION OF WATER RESOURCES
- CLIENT'S COPY
- WELL DRILLER'S COPY

DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

Log No. _____
Permit No. _____
Basin 101

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 53796

1. OWNER Arthur Johnson
MAILING ADDRESS 4575 Tarzyn Road
Fallon, NV 89406
ADDRESS AT WELL LOCATION Arthur Johnson
1911 Potpourri Drive
Fallon, NV 89406

2. LOCATION SE 1/4 NW 1/4 Sec 22 T 19 N R 28 E Churchill County
PERMIT NO. 008-221-03

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
Sand		0	3	3
Brown Clay		3	15	12
Brown Sand		15	25	10
Gray Clay		25	33	8
Gray Sand		33	36	3
Black Clay		36	43	7
Black Sand		43	50	7
Gray Clay		50	58	8
Gray Sand		58	75	17
Brown Clay		75	77	2
Brown Sand	XXX	77	83	8

8. WELL CONSTRUCTION

Depth Drilled 83 Feet Depth Cased 83 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>83</u> 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 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6 PVC</u>	<u>3.82</u>	<u>.258</u>	<u>20</u>	<u>83</u>

RECEIVED
JAN 24 2005

STATE ENGINEER'S OFFICE

Perforations:
Type perforation Saw Cut
Size perforation 1/8
From 78 feet to 83 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 50 feet to 83 feet

9. WATER LEVEL
Static water level _____ 20 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I
Water temperature cool °F Quality unknown

Date started 10/21, 20 04
Date completed 10/21, 20 04

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift
Draw Down (Feet Below Static)

G.P.M.	Time (Hours)

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 1454
Signed Norman Parsons
By driller performing actual drilling on site or contractor
Date 11/5/04