

10 wells

NOTICE OF INTENT NO. 57619

1. OWNER BRAD GOETSCH ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 155 N. TAYLOR ST. SUITE 153 330 N. BROADWAY ST.
FALCON NV FALCON NV
 2. LOCATION N 1/4 SW 1/4 Sec 30 T. 19 N/S R. 29 E Churchill County
 PERMIT NO. 01-051-09
 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
<u>ABANDONED 10</u>				
<u>9" X 20' MONITOR</u>				
<u>WELLS</u>				
<u>REMOVED WELL BOXES</u>				
<u>POUR CASING</u>				
<u>FILLED FROM BOTTOM</u>				
<u>TO TOP W/ BENTONITE</u>				
<u>CAIR</u>				
<u>MAP DATUM W6584</u>				
<u>35° 28.752' N 118° 46.451' W</u>				
<u>39° 28.740' N 118° 46.442' W</u>				
<u>35° 28.734' N 118° 46.430' W</u>				
<u>35° 28.738' N 118° 46.427' W</u>				
<u>35° 28.738' N 118° 46.413' W</u>				
<u>35° 28.735' N 118° 46.396' W</u>				
<u>35° 28.728' N 118° 46.408' W</u>				
<u>35° 28.730' N 118° 46.426' W</u>				
<u>35° 28.723' N 118° 46.358' W</u>				
<u>35° 28.754' N 118° 46.370' W</u>				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name EARLE DRILLING SERVICES LLC Contractor
 Address 7150 PRADO ST. Contractor
LAS VEGAS NV. 89119
 Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-220
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7/30/07

Date started 7/19, 2007
 Date completed 7/19, 2007

DG NR/DWR RECEIVED

7. WELL TEST DATA

TEST METHOD	Flow Rate (GPM)	Draw Down (Feet Below Static)	Time (Hours)
<u>AB6M01</u>	<u>200</u>	<u>200</u>	<u>200</u>

LAS VEGAS OFFICE
 2007 AUG 7 AM 11:30
 L-30V 1007

WAD27

- 8 : N 39,479000 W 118,772857
- 9 : N 39,479100 W 118,773057
- 10 : N 39,479066 W 118,772807
- 11 : N 39,479066 W 118,772573
- 12 : N 39,479016 W 118,772290
- 14 : N 39,478900 W 118,772490
- 15 : N 39,478933 W 118,772790
- 16 : N 39,479200 W 118,773207
- 17 : N 39,479333 W 118,771857
- 18 : N 39,478916 W 118,772323