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WELL DRILLER'S REPORT

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

Log No. _____
 Permit No. _____
 Basin. 102
 NOTICE OF INTENT NO. SP581

1. OWNER Vernus Const ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SE 1/4 Sec. 13 T. 17N N/S R. 24 E. SILVER SPRINGS, NV County LYON
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. 17-264-14 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
SAND		0	6	6
BROWN CLAY-GRAVEL		6	32	26
BROWN CLAY		32	186	154
FINE GRAVEL-SAND	X	186	202	16
MEDIUM GRAVEL	X	202	240	38
N 39.332051				
W 119.233970 NAD83				
39.33195° N				
119.23397° W				
NAD83				
2007 JUL 27 AM 12:55 STATE ENGINEER'S OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 240 Feet
 From 0 Feet To _____ Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>14</u>	<u>.188</u>	<u>1</u>	<u>20</u>
<u>6 3/8</u>	<u>4</u>	<u>SDR 21</u>	<u>20</u>	<u>240</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation 1.045" x 4"
 From _____ feet to _____ feet
 From 200 feet to 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 52 Ft
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 52 feet to 240 feet

9. WATER LEVEL
 Static water level 41 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 7 MAY, 2007
 Date completed 8 MAY, 2007

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>2.5+</u>		<u>1.5</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BLAIN DRILLING & SERVICE CO., INC.
 Address P.O. Box 1255 Carson City, NV 89702
 Nevada contractor's license number issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 by driller performing actual drilling on site or contractor
 Date 21 MAY 07