

Log No. 104220
 Permit No. _____
 Basin 102

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. SP583

1. OWNER John Tyler ADDRESS AT WELL LOCATION 1155 10th ST SILVER SPRINGS, NV LYON
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NE 1/4 Sec 24 T. 17N N/S R. 24 E County LYON
 PERMIT NO. 17-415-13 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
SAND-BROWN CLAY		0	35	35
BROWN SANDY CLAY		35	41	6
BLACK CLAY		41	96	55
BLACK SAND-GRAVEL		96	145	49
BROWN CLAY-GRAVEL		145	180	35
39.32781°N 119.23419°W NAD83				
JUN 27 11 21 AM '07 STATE ENGINEERS OFFICE				
N 39.327911 W 119.233203 NAD27				

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 180 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>13</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR31</u>	<u>20</u>	<u>180</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation .045" x 4"
 From _____ feet to _____ feet
 From 160 feet to 180 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 51 ft Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 51 feet to 180 feet

9. WATER LEVEL
 Static water level 43 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 11 MAY, 2007
 Date completed 11 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>25+</u>		<u>1.0</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 & PUMP 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