

Log No. 107298
 Permit No. _____
 Basin 106

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. 59877

1. OWNER NATHAN Lee ADDRESS AT WELL LOCATION FOUR PLACE LANE
 MAILING ADDRESS TOPAZ NV.

2. LOCATION NW 1/4 NE 1/4 Sec. 8 T. 9 N. S. R. 23 E. Douglas County
 PERMIT NO. 0925-08-000-007 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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
BGL DERS & COBLES		0	10	
COBLES & SAND		10	50	
GRAVLE		50	70	
SAND & BROWN CLAY		70	210	
GRAVLE & SAND		210	280	
SAND & CLAY		280	320	
GRAVLE & SAND		320	325	
CLAY		325	405	
COARSE SAND	X	405	415	
CLAY & SAND		415	400	
COARSE SAND	X	400	480	
CLAY BROWN		480	500	
GDS: N65 84				
N38 39.835				
W 119 25.726				
N38.664009				
W 119.427783 NAD27				

8. WELL CONSTRUCTION
 Depth Drilled 500' Feet Depth Cased 500' Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>11</u>	0	60		
<u>8 3/4</u>	60	500		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>		<u>188</u>	<u>+2</u>	<u>500</u>

Perforations:
 Type perforation FACTORY
 Size perforation _____
 From 480' feet to 500' feet
 From 400' feet to 420' 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 50
 Placement Method: Pumped Poured
 Concrete Grout

Gravel Packed: Yes No
 From 500 feet to 50 feet

Date started 9-10, 2007
 Date completed 9-20, 2007

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw-Down (Feet Below Static)	Time (Hours)
<u>260</u>	<u>20</u>	<u>2007 SEP 24 PM 1:22</u>

RECEIVED

9. WATER LEVEL
 Static water level 180 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °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 LEACH Drilling inc. Contractor
 Address PO BOX 599 SILVER SPRING, NV. 89429 Contractor

Nevada contractor's license number issued by the State Contractor's Board 31841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 5425

Signed [Signature] By driller performing actual drilling on site or contractor
 Date 9-20-07