

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. ~~35810~~ NO NOT

1. OWNER Brian Garner ADDRESS AT WELL LOCATION 2225 ARADIAN DR. BATTLE MTN
 MAILING ADDRESS P.O. Box 1032 BATTLE MTN NV 89220-1032
 2. LOCATION SE 1/4 SW 1/4 Sec. 16 T 32 S 45 E Lander County
 PERMIT NO. 10-300-10 Parcel No. PARCEL 3-B Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND		0	20	
SANDY CLAY		20	30	
Blue clay		30	40	
Blue clay w SAND		40	90	
Blue clay w SAND		90	100	
BROWN clay w SAND		100	165	
SMALL GRAVEL		165	200	

8. WELL CONSTRUCTION
 Diameter hole 10 5/8 inches Total depth 200 feet
 Casing record T1-200
 Weight per foot _____ Thickness 1.82

Diameter	From	To
<u>10 5/8</u> inches	<u>0</u> feet	<u>200</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type CEMENT
 Depth of seal 55 FT feet
 Gravel packed: Yes No
 Gravel packed from 60 feet to 200 feet
 Perforations:
 Type perforation Sawed
 Size perforation 1/2 x 2
 From 60 feet to 200 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality Good

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name L.B.D. Drilling Contractor
 Address P.O. Box 902 WMCAN, NV Contractor
 Nevada contractor's license number 9605
 Nevada contractor's drillers number _____
 Nevada driller's license number 1807 Actual Driller
 Signed [Signature] Contractor
 Date 10-22-05

Date started 10-11 1905
 Date completed 10-20 1905

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>150 F</u>		<u>4 Hrs</u>
	<u>SOME SAND</u>		

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours