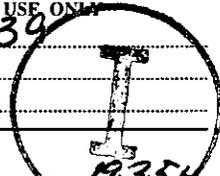


OFFICE USE ONLY
 Log No. 38239
 Permit No. _____
 Basin. 102



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. 19354

1. OWNER AL OFRESH ADDRESS AT WELL LOCATION 7900 Remington RD Silver Springs NV 89429
 MAILING ADDRESS 349 Lloyd ST Livermore CALIF 94550
 2. LOCATION SW 1/4 SE 1/4 Sec. 18 T. 17 N. R. 25 E. Lyon County
 PERMIT NO. 457 APR 17-30-15 UNIT #2 Edge Brush Sub Subdivision Name
 Issued by Water Resources Parcel No.

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
Fine Sand		0	15	15
Coarse Sand &				
Small Gravel		15	18	3
Coarse Sand		18	32	24
Fine to Coarse				
Black Sand		32	74	42
Coarse Sand &				
Small Gravel		74	94	20
Blueish Green				
Sand & Clay		94	98	4
Gray Clay &				
Coarse Sand		98	114	16
Coarse Sand &				
Gravel	X	114	143	29
Coarse Sand &				
Gravel Per Root	X	143	159	16

8. WELL CONSTRUCTION
 Depth Drilled 159 Feet Depth Cased 169 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 159 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 7/8</u>	<u>17.92</u>	<u>.108</u>	<u>71</u>	<u>159</u>

Perforations:
 Type perforation Sawed
 Size perforation 18 x 3" (rows)
 From 139 feet to 159 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 30 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 30 feet to 159 feet

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Good

Date started Feb 19, 1992
 Date completed Feb 21, 1992

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>bailed</u>	<u>40</u>	<u>3</u>	<u>1/2 HR</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Ogden BROW DRILLING Contractor
 Address 162 N By Bee Lane Contractor
Remington NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 15646
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 634
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-21-92