

OFFICE USE ONLY
 Log No. 40247
 Permit No. _____
 Basin 083-TRACY SEG.

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. 14922

1. Consultant: Consulting Services Associates Inc. Client: _____
 1. OWNER: _____ ADDRESS AT WELL LOCATION: _____
 MAILING ADDRESS: 1000 Bible Way, Suite 16
Reno, NV. 89502 Mustang Ranch Inc.
 2. LOCATION: NE 1/4 NE 1/4 Sec. 15 T. 19N N/S R. 21 E Storey County
 PERMIT NO. M/O-240 MW# 3 Mustang Ranch
 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: Tubex

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand w/some clay streaks		0	6	6
Sand		6	12	6
Silty Sand		12	13	1
Gravel & small boulders in sandy clay		13	16	3
Large dia. boulders w/ gravel		16	27	11
Brown Clay, sticky		27	28	1
Redish brown clay, streaky		28	31	3
Large boulders & gravel clean		31	42	11
Boulders & gravel mixed w/ clay		42	45	3

'93 FEB 19 AM 10:29
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 45 Feet
9 5/16 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		Sch 40 PVC	0	25
Locking Cap				
End Cap				

Perforations: Factory Sawn Slot
 Type perforation _____
 Size perforation 0.020
 From 25 feet to 45 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 2' Bentonite Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No #3 Loan Star Sand
 From 25 feet to 45 feet

9. WATER LEVEL
 Static water level 31.04 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started May 29, 1990 19____
 Date completed May 30, 1990 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
NO TEST			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING INC. Contractor
 Address P.O. Box 12370 Contractor
Reno, NV. 89510
 Nevada contractor's license number 22549
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 908
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date February 17, 1993