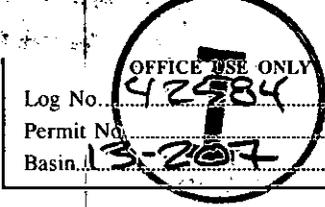


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



Log No. 42584
 Permit No. _____
 Basin 3-207

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 27227

1. OWNER Gary Rosenlund ADDRESS AT WELL LOCATION 345 S. 100 E. Lot 2 Block 1B
 MAILING ADDRESS Box 96 Lund NV 89317

2. LOCATION SW 1/4 SE 1/4 Sec. 33 T. 12 N. R. 62 E. White Pine County
 PERMIT NO. NA 06-03-402 Lund town site survey 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	Thick-ness
The well was 74' deep I was producing about 4 gpm did not have a surface seal I pulled 64' of 6" casing and pumped in neat cement from bottom up. I used thirty eight bags of cement				
93 SEP 20 P 2:20	RECEIVED	STATE ENGINEERS OFFICE		

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ 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)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

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

Date started Aug 18 19 93
 Date completed Aug 21 19 93

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Nathan R. Maynard Contractor
 Address P.O. Box 16 Lund NV 89317 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0022869
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556
 Signed Nathan Maynard
 By driller performing actual drilling on site or contractor
 Date Sept 10-93