

OFFICE
47599
 Log No. _____
 Permit No. _____
 Basin 091

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. 22863

1. Consultant: Summit Engineerin Corp. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS: 5405 Mae Anne Avenue Client: Boomtown Hotel & Casino/Pony Express
Reno, Nevad 89523 Verdi, Nevada 89439
 2. LOCATION NW 1/4 NW 1/4 Sec. 16 T. 19N N/S R. 18 E Boomtown, NV Washoe County
 PERMIT NO. M/O 852 MW#1 Verdi, NV
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
MONITOR WELL ABANDONMENT:				
Measure static water level at 63.6 feet				
Measure total depth at 88.6 feet				
Mob Equipment				
Remove surface completion & cement seal. 5 feet				
use Jackhammer for asphalt				
Set up drilling equipment				
Install tremie pipe				
Break PVC end cap, using point on tremie pipe				
Pull 4" PVC casing approx. 6"				
Pressure grout casing from bottom to surface				
Pull tremie pipe				
Pull 4" PVC casing NOTE: Casing had separated				
at threaded coupling approx. 10 feet below				
ground surface				
Top off cement				
Rig down				
Demob equipment				
20 sacks of Portland Type II Cement used				

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 (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 11-22-94, 19____
 Date completed 11-22-94, 19____

7. WELL TEST DATA

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

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 WAYNE DRILLING, INC.
 Contractor
 Address P.O. BOX 12370
 Contractor
RENO, NEVADA 89510

Nevada contractor's license number issued by the State Contractor's Board 22549
 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 November 30, 1994