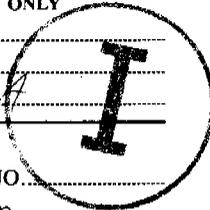


OFFICE USE ONLY
 Log No. 55048
 Permit No. _____
 Basin 0927



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. _____

1. OWNER Markl/Nevin ADDRESS AT WELL LOCATION 1235 Argosy Ln
Remo, NV 89511
 MAILING ADDRESS 3550 Chinese Way Suite 11b
Remo, NV 89511

2. LOCATION NV 1/4 1/4 Sec. 19 T. 22 N. N/S R. 19 E. Washoe County
 PERMIT NO. (5643 Waco) 079-367-10 Red Rock Estates #61
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
Sand		0	5	
Green clay & sand		5	30	
Brown clay & gravel		30	31	
Brown clay & sand		31	145	
Green clay & blk sand		145	174	
Black gravel	x	174	175	
Pink clay & blk sand		175	185	
Gray clay & blk sand		185	305	
DG & Brown clay		305	320	
Gray clay & blk sand		320	335	
Brown clay & blk sand		335	415	
Gray/orange clay w DG and blk sand		415	450	
Gray clay & DG & blk sand		450	540	
blk sandstone & brown clay		540	780	
Sand stone		780	840	
Blk sand & clay		840	890	
Gravel		890	910	

8. WELL CONSTRUCTION
 Depth Drilled 910 Feet Depth Cased 910 Feet

HOLE DIAMETER (BIT SIZE)
 From To
3 Inches 0 Feet 910 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5		.188	0	890
6		.188	890	910

Perforations:
 Type perforation Factory
 Size perforation 1/8
 From 890 feet to 910 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 52 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED
 98 SEP -9 PM 3:17
 STATE ENGINEERS OFFICE

Date started 07/26/96, 19____
 Date completed 08/08/, 1996

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level 200 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 Turner Drilling & Pump Contractor
 Address 472-205 Johnstonville Rd. Contractor
Susanville, CA 96130

Nevada contractor's license number issued by the State Contractor's Board 41661
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1473

Signed Frank Turner
 By driller performing actual drilling on site or contractor

Date 8/14/96