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WELL DRILLER'S REPORT

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

NOTICE OF INTENT 1-14-2010

1. OWNER James P Walsh ADDRESS AT WELL LOCATION 3178 Bodine
 MAILING ADDRESS _____ Phonocville, NV

2. LOCATION N 1/4 NE 1/4 Sec. 35 T. 11 N/S R. 21 E. Dawson County _____
 PERMIT NO. 35-552-05 Parcel No. _____ Subdivision Name Smith Valley Park

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 Med

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Soil Bedrock</u>		<u>1</u>	<u>2</u>	
<u>Sand Bedrock</u>		<u>2</u>	<u>6</u>	
<u>DC Sand, coarse</u>		<u>6</u>	<u>23</u>	
<u>Clay</u>		<u>23</u>	<u>34</u>	
<u>DC Sand, coarse</u>		<u>34</u>	<u>153</u>	
<u>DC Bedrock</u>		<u>153</u>	<u>141</u>	
<u>Sand (covered)</u>		<u>141</u>	<u>160</u>	

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 1 Feet 160 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 5/8</u>	<u>13</u>	<u>1.38</u>	<u>1</u>	<u>20</u>
<u>6 5/8</u>	<u>PVC</u>	<u>3/4</u>	<u>20</u>	<u>160</u>

Perforations:
 Type perforation Machine Perf
 Size perforation 3 1/2 x 3 x 4
 From 142 feet to 153 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 160 feet

9. WATER LEVEL
 Static water level 13 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 65.75 °F Quality Good

Date started 5/2/00, 19_____
 Date completed 5/3/00, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>7-10</u>		<u>2 1/2 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Joan Driller, Inc Contractor
 Address P.O. 599 Contractor
S.S. NV 39409
 Nevada contractor's license number _____
 issued by the State Contractor's Board 0031811
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6/12/00