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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 NO. 4627/4521

1. OWNER Boomtown Hotel & Casino ADDRESS AT WELL LOCATION Boomtown well #11
 MAILING ADDRESS P.O. Box 399
Verdi, NV 89439

2. LOCATION SW 1/4 NW 1/4 Sec. 16 T 19N N/S R 18E E Washoe County
 PERMIT NO. W-623 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	Thickness
clay		0	5	
cobbles & clay		5	20	15
cobbles & sand		20	75	55
granite		75	80	5
cobbles		80	110	30
ABANDON				
Pumped hole full with 7 sack grout cement				
		0	110	110

8. WELL CONSTRUCTION
 Depth Drilled 110 Feet Depth Cased n/a Feet
 HOLE DIAMETER (BIT SIZE)
 From To
9-7/8 Inches 0 Feet 110 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>n/a</u>			<u>n/a</u>	<u>n/a</u>

Perforations:
 Type perforation n/a
 Size perforation n/a
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 110 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From n/a feet to n/a feet

9. WATER LEVEL
 Static water level 95 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 Humboldt Drilling & Pump Co., Inc. Contractor
 Address 4675 W. Winnemucca Blvd Contractor
Winnemucca, Nevada 89445
 Nevada contractor's license number issued by the State Contractor's Board 015234
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 1713
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 9/29/00

Date started 9/6/00, 19____
 Date completed 9/7/00, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Time (Hours)	G.P.M.	Time (Hours)

RECEIVED
 OCT 02 2000
 STATE ENGINEER'S OFFICE