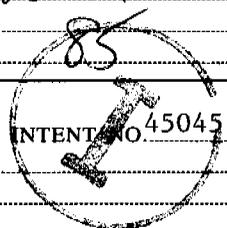


OFFICE USE ONLY
 Log No. 83356
 Permit No. _____
 Basin _____



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. 45045

1. OWNER RALPH & SANDY THEISS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 820 Wilkenson Avenue 177 Echaniz
Reno, Nevada 89502 Sparks, Nevada 89436
 2. LOCATION SW 1/4 SW 1/4 Sec. 24 T. 21N N/S R. 20 F. Washoe County
 PERMIT NO. 076-401-16 Spanish Springs
 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
Top soil		0	1	1
Brown sandy clay		1	13	12
Sand & gravel		13	17	4
Brown sandy clay with black volcanic rock		17	67	50
Soft zone		67	76	9
Brown sandy clay with black volcanic rock		76	144	68
Soft zone		144	148	4
Brown sandy clay with volcanic gravels		148	184	36
Soft zone, granite sands		184	188	4
Brown sandy clay with volcanic gravels		188	196	8
Soft zone (very little H2O) X		196	203	7
Brown sandy clay		203	223	20
Granite sands with clay streaks	X	223	273	50
Brown clay		273	275	2

8. WELL CONSTRUCTION
 Depth Drilled 275 Feet Depth Cased 275 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
8 5/8 Inches 50 Feet 275 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	0	275

Perforations: factory sawed slot
 Type perforation _____
 Size perforation 3/32 x 3 x 5 around
 From 229 feet to 269 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 275 feet

9. WATER LEVEL
 Static water level 156 feet below land surface
 Artesian flow _____ G.P.M. 18+ P.S.I.
 Water temperature cold °F Quality clear

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

Date started January 29, 2001, 19____
 Date completed February 1, 2001, 19____

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 checked="" type="checkbox"/> Air Lift	<u>18+</u>		

Address P.O. BOX 12370
RENO, NEVADA 89510
 Contractor
 Nevada contractor's license number 0022549
 issued by the State Contractor's Board
 Nevada driller's license number 908/923
 issued by the Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date February 4, 2001