

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 85319
 Permit No. _____
 Basin 91
 NOTICE OF INTENT NO. 48217

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER **Somerset Development Co. DR-1** ADDRESS AT WELL LOCATION **Somerset Project,**
 MAILING ADDRESS **100 W. Liberty St., Suite 990** **Washoe County, NV**
Reno, NV 89501

2. LOCATION NE 1/4 SW 1/4 Sec. 2 T 19N N/S R 18E E Washoe County
 PERMIT NO. W-526-F 38-360-33 **Somerset**
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
Casing was used only during drilling of the test hole, and was pulled as part of abandonment.				
Abandoned by pumping abantonite through the drill rods during trip out, poured hole plug, and capped with 10' of neat cement.				
Quantities Used:				
Cement: 3.54 cu.ft				
Hole plug: 3.45 cu. ft.				
Abantonite: 225 cu.ft.				

8. WELL CONSTRUCTION

Depth Drilled 1000 Feet Depth Cased 42 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
<u>7.875</u> Inches	<u>0</u> Feet	<u>40</u> Feet
<u>5.875</u> Inches	<u>40</u> Feet	<u>500</u> Feet
<u>5.75</u> Inches	<u>500</u> Feet	<u>1000</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>12.9</u>	<u>0.188</u>	<u>0</u>	<u>42</u>

Perforations:
 Type perforation _____
 Size perforation _____

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

9. WATER LEVEL

Static water level 45 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I. _____
 Water temperature Cool °F Quality Good

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Lang Exploratory Drilling** Contractor
 Address **P.O. Box 5279** Contractor
Elko, NV 89802-5279
 Nevada contractor's license number issued by the State Contractor's Board **0021976**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1716**
 Signed David Daas
 By driller performing actual drilling on-site or contractor
 Date **12/18/01**

Date started 12/2/2001, 19____
 Date completed 12/10/2001, 19____

7. WELL TEST DATA

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

B.S.T.L