

OFFICE USE ONLY
 Log No. 817468
 Permit No. I
 Basin. I
 NOTICE OF INTENT NO. 46017

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

1. OWNER Berry Hinkley Ind. ADDRESS AT WELL LOCATION 2191 Pyramid Way, Sparks NV
 MAILING ADDRESS P.O. Box 11020 Reno NV 89510

2. LOCATION SE 1/4 SE 1/4 Sec 32 T. 20 N. R. 20 E. Washoe County
 PERMIT NO. 027-342-06 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 Screen

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Backfill per ground		0	3	3
clay (Brown with gray streaks)		3	6	3
ground with silt & sand		6	9	3
SEC ground 30% silt 20% sand		9	14	4
some as above with numerous cobbles		14	25	11
cobbles with very little silt & leads some gravel	✓	25	27.5	2.5
silt with very little sand	✓	27.5	28	.5
in rocks / very soft to drill				
clay (Brown with black streaks in it)				

All Hole were within 40 yards of each other and worked same material at same depth so in sending one report for all 3 holes that you

8. WELL CONSTRUCTION
 Depth Drilled 28' Feet Depth Cased 28' Feet
 HOLE DIAMETER (BIT SIZE)
 From To
6" Inches 28' Feet 28' Feet
8" Inches 28' Feet 28' Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>36.40</u>		<u>0</u>	<u>13'</u>

Perforations:
 Type perforation Factory
 Size perforation 2.0"
 From 13' feet to 28' 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 10'
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 11' feet to 28' feet

9. WATER LEVEL
 Static water level @ 14' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality B.C.

Date started 8/15/02, 20____
 Date completed 8/15/02, 20____

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Boort Longyear Contractor
 Address 32 Stokes Dr Dayton NV 89403 Contractor
 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 M-2168
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8/16/02