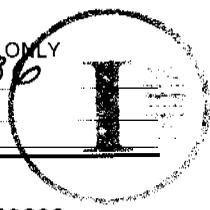


OFFICE USE ONLY
 Log No. 87936
 Permit No. _____
 Basin 101



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. **48268**

1. OWNER George Rakushin ADDRESS AT WELL LOCATION 3800 Schurz Hwy, Fallon, NV 89406
 MAILING ADDRESS 3800 Schurz Hwy Fallon, NV 89406

2. LOCATION NE 1/4 SE 1/4 Sec. 12 T 18 R 28 E Churchill County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 6-391-09 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
Top SOil		0	2	2
Brown Sand		2	12	10
Brown Clay		12	25	13
Brown Sand		25	29	4
Brown Clay		29	32	3
Gray Clay		32	33	1
Gray Sand		33	35	2
Black Sand		35	80	45
Black Sand		80	85	5
Black Clay		85	95	10
Black Clay w/Sand		95	98	3
Black Sand		98	110	12
Gray Sand		110	115	5
Brown Clay		115	130	15
Brown Clay w/sand		130	135	5
Brown Sand w/clay		135	140	5
Brown Clay		140	158	18
Green Clay		158	181	23
Gray Sand		181	208	27
Gray Clay		208	220	12
Brownish Sand		220	226	6
Brown Sand	XX	226	235	9

8. WELL CONSTRUCTION
 Depth Drilled 235 Feet Depth Cased 235 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet
0 Feet 235 Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	14
6 PVC	3.92	.258	14	235

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8

From 230 feet to 234 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 60 feet to 235 feet

9. WATER LEVEL
 Static water level 22.6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

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

Name Parsons Drilling, Inc. Contractor
 Address P.O. Box 1265 Contractor
Fallon Nv. 89407
 Nevada contractor's license number issued by the State Contractor's Board 29064
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753-T1
 Signed Norman Parsons
 By driller performing actual drilling on-site or contractor
 Date 02/06/2002

Date started 01/31/2002, 19____
 Date completed 01/31/2002, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>40</u>	<u>1hr</u>
G.P.M.		