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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. 48097

1. OWNER LANE LABEL ADDRESS AT WELL LOCATION 1899 BAFFORD LN
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 17 T 19 N 29 E Churchill County
 PERMIT NO. 007-391-71 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
Clay		0	5	5
sand		5	40	35
Black sand/clay		40	85	45
Clay		85	90	5
sand		90	98	8

8. WELL CONSTRUCTION
 Depth Drilled 98 Feet Depth Cased 98 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 98
12 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>3.2</u>	<u>.280</u>	<u>0</u>	<u>98</u>

Perforations:
 Type perforation SLOTS
 Size perforation 1/4 x 3
 From 93 feet to 98 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 98 feet

9. WATER LEVEL
 Static water level 11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.6 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 FARRIS DRILLING Contractor
 Address PO BOX 5205 Contractor
FALLEN NV 89407
 Nevada contractor's license number 43145
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2082
 Signed [Signature] By _____ performing actual drilling on site or contractor
 Date 7-22-02

Date started 6-12-02
 Date completed 6-12-02

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)