

OFFICE USE ONLY
 Log No. 90190
 Permit No. _____
 Basin 091

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. 18830

1. OWNER Summit Engineering Corporation ADDRESS AT WELL LOCATION Boomtown Hotel
 MAILING ADDRESS 5405 Mae Anne Ave. and Casino
Reno, NV 89523 2200 I-80 West, Verdi, NV

2. LOCATION NE 1/4 SE 1/4 Sec 16 T 19N N/S R 18 E Washoe County
 PERMIT NO. M/O#500BH #2 381-200-09 Boomtown Verdi, NV
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other SB

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Subex 190

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Light brown medium grained sand (SP) medium dense to loose dry		0	4 1/2	4 1/2
Brown clayey gravel (GC) slightly moist, medium dense		4 1/2	6	1 1/2
Gray/brown sandy gravel (GW) with boulders dense and dry		6	13	7
Dark brown clayey gravel (GC), dense moist (less gravel than earlier)		13	42	29
Brown to black clayey gravel (GC) with sand dense moderately cemented approx 30% clay		42	44	2
Gray granite rock, black basaltic rock (BP) dense		44	63 1/2	19 1/2
At 63.5' color changed to tan some rust staining		63 1/2	65	1 1/2
No ground water encountered				
NOTE: Abandoned to surface.				

8. WELL CONSTRUCTION
 Depth Drilled 65 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From 9 5/16 Inches 0 Feet 65 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 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 DRY feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 02/04/92, 19____
 Date completed 02/05/92, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>NO TEST</u>			

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
 Address P.O. Box 12370 Contractor
Reno, NV 89510
 Nevada contractor's license number 22549 issued by the State Contractor's Board
 Nevada driller's license number 908 issued by the Division of Water Resources, the on-site driller
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date April 15, 1992