

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

OFFICE USE ONLY
 Log No. 91038
 Permit No. _____
 Basin 107

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.540

NOTICE OF INTENT NO. 48953

1. OWNER CHRIS GARRETSON ADDRESS AT WELL LOCATION 50 YELLOWSAGE
 MAILING ADDRESS 403 BROOKFIELD WELLINGTON, NV 89444
DAYTON, NV
 2. LOCATION SE 1/4 SE 1/4 Sec. 12 T. 11 N/S R. 23 E LYON County
 PERMIT NO. 9-123-04 LODGE POLE 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
<u>ALLUVIAL D.G./TOP SOIL</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>D.G./BWN CLAY</u>		<u>6</u>	<u>54</u>	<u>48</u>
<u>HEAVY SAND</u>	<u>Y</u>	<u>54</u>	<u>72</u>	<u>18</u>
<u>HEAVY SAND/PEA GRAVEL</u>	<u>Y</u>	<u>72</u>	<u>118</u>	<u>46</u>
<u>SANDY BLUE CLAY</u>	<u>N</u>	<u>118</u>	<u>120</u>	<u>2</u>

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 60 Feet
6 7/8 Inches 60 Feet 120 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>		<u>.188</u>	<u>+1.5</u>	<u>120</u>

Perforations:
 Type perforation FACTORY SAW SLOT
 Size perforation 0.60 X 3" X 8' OC X 6 ROWS
 From 90 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 Artesian flow NO G.P.M. _____ P.S.I. _____
 Water temperature COLD °F Quality GOOD

Date started 10-05-03, 19____
 Date completed 10-09-03, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>16</u>	<u>10</u>	<u>6</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Edmund Miller Drilling Contractor
 Address P.O. Box 92 Smiths River Contractor
89430
 Nevada contractor's license number 32166A
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Edmund Miller
 By driller performing actual drilling on site or contractor
 Date Oct 30 -03