

Log No. 91092
 Permit No. _____
 Basin. 108

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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. 50246

1. OWNER Glean Nicholls ADDRESS AT WELL LOCATION Mason Rd
 MAILING ADDRESS _____ Yerington, NV
 2. LOCATION NE 1/4 NE 1/4 Sec 31 T. 14 N/S R. 25 E 25 Nyon County
 PERMIT NO. 014-281-08 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
<u>Concrete boulders</u>		<u>0</u>	<u>53</u>	
<u>Rock</u>		<u>53</u>	<u>62</u>	
<u>Comp Rock</u>		<u>62</u>	<u>138</u>	
<u>Rock</u>		<u>138</u>	<u>153</u>	
<u>Clay loam mix</u>		<u>153</u>	<u>200</u>	
<u>Granite flag</u> <u>Fractured</u>		<u>200</u>	<u>233</u>	

8. WELL CONSTRUCTION
 Depth Drilled 233 Feet Depth Cased 233 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>60</u>	<u>60</u>
<u>8 7/8</u>	<u>60</u>	<u>200</u>	<u>200</u>
<u>6 7/8</u>	<u>200</u>	<u>233</u>	<u>233</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.00</u>	<u>3/16</u>	<u>4</u>	<u>200</u>
<u>6 5/8</u>	<u>3.000</u>	<u>5/16</u>	<u>193</u>	<u>233</u>

Perforations:
 Type perforation Scill Sew
 Size perforation _____
 From 215 feet to 233 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 200 feet

Date started 10-7 2003
 Date completed 10-9 2003

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Production about 30 GPM</u>		

9. WATER LEVEL
 Static water level 135 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge
 Name Lash Drilling Inc Contractor
 Address PO Box 599 Contractor
Silver Springs NV 89479
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877
 Signature [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-9-03