

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. 43199

1. OWNER Loyde Grant ADDRESS AT WELL LOCATION Lot 9 Bert Hanks Sub
 MAILING ADDRESS Po Box 2065
Fernley NV 89408
 2. LOCATION SE 1/4 SW 1/4 Sec 36 T. 7 N/S R. 61 E. NYE County
 PERMIT NO. N/A Issued by Water Resources Parcel No. 13-531-46 Subdivision Name Bert Hanks Sub

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
Brown Sandy Clay		0	3	
white clay		3	12	
Brown sandy clay		12	23	
white clay	water	23	30	
Light Blue Clay		30	37	
Dark Blue clay		37	44	
med Blue clay	water	44	55	
tan clay & sand		55	64	
Dark Brown Clay		64	72	
Brown Grey Clay		72	80	
med Blue Clay		80	87	
Light Blue Cl-Sand	water	87	100	
tan clay		100	108	
med Blue Clay		108	120	
whitish clay		120	138	
whitish Blue cl-Sand	water	138	155	
Blue clay		155	170	

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet 170 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 3/8</u>	<u>12.9</u>	<u>.188</u>	<u>-1</u>	<u>10'</u>
<u>6</u>		<u>1/4 SDR 14</u>	<u>10</u>	<u>170</u>

Perforations:
 Type perforation Factory Slotted
 Size perforation .032
 From 50 feet to 70 feet
 From 90 feet to 110 feet
 From 150 feet to 170 feet
 From _____ feet to _____ 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 170 feet

9. WATER LEVEL
 Static water level 26 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started Nov 5 2003
 Date completed Nov 28 2003

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>40</u>	<u>65</u>	<u>1 hr</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Orran A Maynard Contractor
 Address Po Box 64 Contractor
Lund NV 89317
 Nevada contractor's license number issued by the State Contractor's Board 47226
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1554
 Signed Orran Maynard By driller performing actual drilling on site or contractor
 Date Dec 15-03