

Log No. 97 71914
 Permit No. _____
 Basin 133

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. 49193

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER MIKE CASEY ADDRESS AT WELL LOCATION ALPINE
 MAILING ADDRESS 1550 ALLEN ROAD
FALLON, NV 89406

2. LOCATION NE 1/4 NW 1/4 Sec. 36 T 20 N/S R 37 E CHURCHILL County
 PERMIT NO. 003-531-02 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	Thickness
TOP SOIL		0	1	
BROWN CLAY		1	70	69
MC GRAVEL/SAND		70	89	19
BROWN CLAY		89	94	5
MC GRAVEL/SAND		94	100	6
BROWN CLAY		100	112	12
MC GRAVEL/SAND		112	120	8
BROWNCLAY		120	127	7
MC GRAVEL/SAND		127	137	10
BROWN CLAY		137	145	8
MC GRAVELS/SANDS	X	145	168	23

8. WELL CONSTRUCTION
 Depth Drilled 168 Feet Depth Cased 168 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50 Feet
6 5/8 Inches	50	168 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	168

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080

From 160 feet to 165 feet

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

Gravel Packed: Yes No

9. WATER LEVEL
 Static water level 60'8" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WELSCO CORP. Contractor
 Address P. O. BOX 888 Contractor
FALLON, NV 89406
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 8/7/2003

Date started 7/31/2003
 Date completed 7/31/2003

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
30		1 HR

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 23 AUG 11 PM 12:50
 STATE ENGINEERS OFFICE