

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 534.300

NOTICE OF INTENT NO. 49089

1. OWNER Juan Rodriguez ADDRESS AT WELL LOCATION 218 Wagon Wheel Way Dayton NV
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 20 T 17 N/S R 22 E Storey County
 PERMIT NO. 03-316-09 Parcel No. _____ Subdivision Name Mark Twain Unit
 Issued by Water Resources

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>Clay & gravel</u>		<u>0</u>	<u>60</u>	
<u>Clay & Boulders</u>		<u>60</u>	<u>240</u>	
Gravel & coarse sand		240	300	
<u>Gravel + coarse sand & Boulders</u>		<u>240</u>	<u>300</u>	

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches 0 Feet 75 Feet
8 3/4 Inches 75 Feet 300 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>14</u>	<u>1 3/8</u>	<u>71</u>	<u>300</u>

Perforations:
 Type perforation factory milled
 Size perforation 3 1/2
 From 260 feet to 300 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60 Ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 60 feet to 300 feet

9. WATER LEVEL
 Static water level 180 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality clear

Date started 11-17-03, 20 _____
 Date completed 11-28-03, 20 _____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>8 +</u> <u>300</u>	<u>220</u>	<u>2 Hrs</u>	
<u>20 +</u>	<u>240</u>	<u>2 Hrs</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Inc. Contractor
 Address Box 549 Silver Spring Contractor
 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 1878
 Signed T. P. Eades
 By driller performing actual drilling on site or contractor
 Date _____