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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
 RL 3-1-04

NOTICE OF INTENT NO. 38820

1. OWNER Comander ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS South Maine Ave. Hawthorne NV 89415-9804 MW-21
 2. LOCATION N 1/2 1/4 NW 1/4 Sec 11 T 8 S R 30 E MD. B. BM County
 PERMIT NO. M10-1301 6-3032 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 Agri

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand & gravel</u>		<u>0</u>	<u>35</u>	
<u>Sand/gravel w/ cobbles</u>		<u>35</u>	<u>45</u>	
<u>Sand w/ some clays</u>		<u>45</u>	<u>90</u>	

8. WELL CONSTRUCTION
 Depth Drilled 90 Feet Depth Cased 90 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 90 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>Sched. 40</u>	<u>0</u>	<u>90</u>

Perforations:
 Type perforation Full slot
 Size perforation 0.20 in
 From 75 feet to 90 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 71' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 71 feet to 90 feet

9. WATER LEVEL
 Static water level 73 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 James Freitas WBC Exploration
Drillers
 Address 9580 County Rd. 938
Tamora, CA 95698
 Nevada contractor's license number issued by the State Contractor's Board 0012852
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2250
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 1/20/04

Date started 1/21, 2003
 Date completed 1/22, 2003

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>10</u>	<u>10</u>	<u>1</u>

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