

PRINT OR TYPE ONLY
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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. 32752

1. OWNER Marcel Bolta ADDRESS AT WELL LOCATION 691 Day Lane
 MAILING ADDRESS Wellington NV
 2. LOCATION NE 1/4 NE 1/4 Sec 9 T 11 N/S R 23 E Lyon Co County
 PERMIT NO. 010-231-19 Parcel No. Smith Valley 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>course Sand & Boulders</u>		<u>0</u>	<u>100</u>	
<u>Clay & DG.</u>		<u>100</u>	<u>145</u>	
<u>Granit Boulders & Clay</u>		<u>145</u>	<u>200</u>	
<u>D.G. & Brown clay</u>		<u>200</u>	<u>230</u>	
<u>Fine granit</u>		<u>230</u>	<u>280</u>	

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cased 280 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 50 Feet
10 5/8 Inches
 From 50 Feet To 280 Feet
8 3/4 Inches
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13</u>	<u>1 8/8</u>	<u>280</u>	<u>+1</u>

Perforations:
 Type perforation factory milled
 Size perforation 3/32
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 240 feet to 280 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 280 feet

9. WATER LEVEL
 Static water level 210 feet below land surface
 Artesian flow NA G.P.M. NA P.S.I.
 Water temperature COLD °F Quality clear

Date started 9-9-04, 20____
 Date completed 9-12-04, 20____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
	<u>10+</u>	<u>240</u>	<u>1/2</u>
	<u>25+</u>	<u>280</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 Contractor
 Address Box 599 Silver Springs NV 89403 Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1878
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/20/04