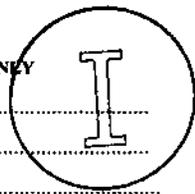


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 94611
 Permit No. _____
 Basin 103



PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 49752

1. OWNER **CORNERSTONE CONSTRUCTION** ADDRESS AT WELL LOCATION **7095 IRON MTN BLVD**
 MAILING ADDRESS **1273 FIGUERO WY** **STAGECOACH, NV**
CARSON CITY, NV 89701

2. LOCATION **SE 1/4 SE 1/4 Sec 7 T 17 N R 23 E LYON County**
 PERMIT NO. **15-324-12** **IRON MTN**

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 **MUD**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------------------------|--------------|------|-----|-----------|
| OLD 8" WELL | | +2 | ? | ? |
| 6 5/8 liner | | 70 | 120 | 50 |
| STARTED DRILLING @ 120' | | | | |
| OBSIDIAN GRAVELS | | 120 | 160 | 40 |
| LOOSE VOLCANIC SANDS AND GRAVELS | | 160 | 198 | 38 |
| FRACTURED GRAVELS | XXX | 198 | 220 | 22 |

8. WELL CONSTRUCTION
 Depth Drilled 220 ~~100~~ Feet Depth Cased 220 ~~140~~ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 6 1/8 Inches 120 Feet 220 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 5 | 10.63 | .188 | 80 | 220 |

Perforations:
 Type perforation **FACTORY MILL SLOT**
 Size perforation **3 X 3/32**

From 180 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal N/A Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From N/A feet to N/A feet

9. WATER LEVEL
 Static water level 140 feet below land surface
 Artesian flow _____ G.P.M. 30+ P.S.I.
 Water temperature COLD °F Quality GOOD

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **CAPITAL CITY WELL DRILLING**
 (CONTRACTOR)

Date started 6/21, 20 04
 Date completed 6/23, 20 04

Address **20 KIT KAT DRIVE**
 (CONTRACTOR)
CARSON CITY, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board 0055548
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2157

7. WELL TEST DATE

| TEST METHOD: | Draw Down (Feet Below Static) | Time (Hours) |
|---|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | |
| G.P.M. <u>30+</u> | <u>15</u> | <u>3 HRS</u> |

Signed Rick Crane
 By driller performing actual drilling on site or contractor
 Date 6/25/04

RECEIVED
 04 JUL 29 AM 10:32
 STATE ENGINEERS OFFICE