

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 94679
 Permit No. _____
 Basin 102
 NOTICE OF INTENT NO. 53426

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Tony Sullivan ADDRESS AT WELL LOCATION E. 2155 9th St
 MAILING ADDRESS _____ SILVER SPRINGS, NV
 2. LOCATION NW 1/4 NW 1/4 Sec. 20 T. 17 N/S R. 25 E. 24.0N County
 PERMIT NO. _____ Issued by Water Resources 17-461-11 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	Thick-ness
SAND		0	3	3
BROWN CLAY		3	18	15
BROWN CLAY-GRAVEL		18	48	30
MEDIUM GRAVEL	X	48	68	20
BLACK SANDY CLAY		68	93	25
GAAY CLAY		93	116	23
BROWN CLAY-GRAVEL	X	116	148	32
MEDIUM GRAVEL	X	148	170	22

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 11 Inches To 170 Feet
 _____ Inches _____ Feet _____ 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>1.88</u>	<u>71</u>	<u>10</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>10</u>	<u>170</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation .040" X 3"
 From _____ feet to _____ feet
 From 160 feet to 170 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50ft Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 170 feet

9. WATER LEVEL
 Static water level 36 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BLAIN DRILLING & PUMP CO. INC.
 Address P.O. Box 1255
Carson City, NV 89702

Date started 5th June 2004
 Date completed 5th June 2004

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 checked="" type="checkbox"/> Air Lift	<u>25+</u>		<u>1.0</u>

Nevada contractor's license number 46498 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources 2167
 Signed Jack Watson
 _____ driller performing actual drilling on site or contractor
 Date _____

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 STATE ENGINEERS OFFICE