

Log No. 95419
 Permit No. _____
 Basin 106

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 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 51776

1. OWNER Dennis Harrington ADDRESS AT WELL LOCATION 3440 Femley St. Topaz
 MAILING ADDRESS _____

2. LOCATION SW 1/4 SE 1/4 Sec. 29 T 10 N/S R 22 E Douglas County
 PERMIT NO. 1022-292-010-15 Parcel No. 1022-29-201-0.15 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>6</u>	
<u>Boulders</u>		<u>6</u>	<u>83</u>	
<u>Coarse sand</u>		<u>83</u>	<u>123</u>	
<u>Thin clay</u>		<u>123</u>	<u>186</u>	
<u>Boulders and</u>		<u>186</u>	<u>410</u>	
<u>bedrock</u>		<u>410</u>	<u>601</u>	
<u>Coarse sandstone</u>		<u>601</u>	<u>670</u>	

8. WELL CONSTRUCTION
 Depth Drilled 630 Feet Depth Cased 630 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>105/16</u>	<u>0</u>	<u>60</u>		
<u>83/8</u>	<u>60</u>	<u>360</u>		
<u>61/8</u>	<u>360</u>	<u>630</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>67/8</u>	<u>1300</u>	<u>13100</u>	<u>+1</u>	<u>360</u>
<u>64</u>	<u>900</u>	<u>3116</u>	<u>355</u>	<u>630</u>

Perforations:
 Type perforation Self saw
 Size perforation _____
 From 320 feet to 360 feet
 From 320 feet to 610 feet
 From 60 feet to 630 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 360 feet

Date started 2-27, 2004
 Date completed 3-7, 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Produced about</u>	<u>75 GPM</u>	

9. WATER LEVEL
 Static water level 191 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 Teach Drilling Inc Contractor
 Address 10 box 549 Contractor
Silver Springs NV - 89479
 Nevada contractor's license number issued by the State Contractor's Board 0031041
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1877
 Signed Walter Teach
 By driller performing actual drilling on site or contractor
 Date 3-1-04