

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. 95633
 Permit No. _____
 Basin 101

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. 54881

1. OWNER Cornerstone Construction ADDRESS AT WELL LOCATION Cornerstone Construction
 MAILING ADDRESS 3650 Research Way #22 340 Winchester Way
Fallon, NV 89406 Fallon, NV 89406
 2. LOCATION ne $\frac{1}{4}$ nw $\frac{1}{4}$ Sec 18 T 19 N R 29 E Churchill County
 PERMIT NO. 007-431-35

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	Thickness
Sand		0	3	3
Brown Clay		3	28	25
Black Sand		28	30	2
Black Clay		30	35	5
Black Sand		35	52	17
Black Clay		52	61	9
Black Sand		61	85	24
Brown Sand		85	90	5
Brown Gravel	XX	90	93	

RECEIVED
 03 MAR - 4 P.M. 1:43
 STATE ENGINEERS OFFICE

Date started 02/15, 20 05
 Date completed 02/15, 20 05

7. WELL TEST DATE

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

8. WELL CONSTRUCTION

Depth Drilled 93 Feet Depth Cased 93 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 93 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	20
6 pVC	3.82	.258	20	93

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 88 feet to 93 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 93 feet

9. WATER LEVEL

Static water level 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Parsons Drilling Inc (CONTRACTOR)
 Address P.O. Box 1265 (CONTRACTOR)
Fallon, NV 89407-1265
 Nevada contractor's license number issued by the State Contractor's Board 29064
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753-T1
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 02/18/05