

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. 96103
 Permit No. _____
 Basin CI

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. **53124**

1. OWNER **COMERSTON CONSTRUCTION** ADDRESS AT WELL LOCATION **GERALD & JOANNE RENZO**
 MAILING ADDRESS **590 WEST WILLIAMS AVE** **976 VENTURACCI LANE**
FALLON, NV 894-06 **FALLON, NV 89406**

2. LOCATION SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 19 T 19 N R 28 E **CHURCHILL** County
 PERMIT NO. **008-314-58** 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
TOP SOIL		0	1	1
BROWN SAND		1	12	11
BROWN CLAY		12	15	3
BROWN SAND		15	35	20
GRAY SAND/CLAY		35	70	35
GRAY CLAY		70	75	5
BROWN SAND		75	88	13
GRAY SAND-CLAY		88	150	62
BLACK SILTY CLAY		150	180	30
GRAY SAND		180	200	20
GRAY CLAY		200	205	5
BROWN SAND		205	219	14

8. WELL CONSTRUCTION
 Depth Drilled 219 Feet Depth Cased 219 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 3/4 Inches 0 Feet 50 Feet
6 Inches 52 Feet 219 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>12.9</u>	<u>.188</u>	<u>+2</u>	<u>219</u>

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation .080
 From 208 feet to 212 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 24 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started **FEBRUARY 1, 20 05**
 Date completed **FEBRUARY 15, 20 05**

7. WELL TEST DATE

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>30</u>		<u>1 HR</u>

Name **WELSCO CORP.** (CONTRACTOR)
 Address **P. O. BOX 888** (CONTRACTOR)
FALLON, NV
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date **MARCH 15, 2005**