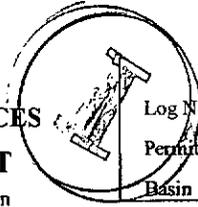


COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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



OFFICE USE ONLY  
 Log No. 96112  
 Permit No. \_\_\_\_\_  
 Basin: 101

INTENT OR TYPE ONLY

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

NOTICE OF INTENT NO. **53134**

1. OWNER **JOHN WAGNER**  
 MAILING ADDRESS **3545 SWEETWATER FERNLEY, NV 89408**  
 ADDRESS AT WELL LOCATION **3545 SWEETWATER**

2. LOCATION **SE 1/4 NE 1/4 Sec 27 T 20 N R 28 E** *Churchill - LYON* County  
 PERMIT NO. **021-181-30**  
 Issued by Water Resources 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	Thickness
TOP SOIL		0	1	1
COBBLES, CLAY		1	50	49
BROWN CLAY		50	80	30
COBBLES & GRAVELS		80	120	40
BROWN CLAY		120	160	40
MC GRAVELS & SAND		160	220	60
YELLOW CLAY		220	250	30
DARK GRAVEL, SANDS		250	370	120

8. WELL CONSTRUCTION  
 Depth Drilled **370** Feet Depth Cased **370** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
**10 3/4** Inches **0** Feet **50** Feet  
**6** Inches **50** Feet **370** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.9</b>	<b>.188</b>	<b>+2</b>	<b>370</b>

Perforations:  
 Type perforation **MACHINE SLOT**  
 Size perforation **.080**  
 From **310** feet to **370** 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER-LEVEL  
 Static water level **220** 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.  
 Name **WELSCO CORP.**  
 (CONTRACTOR)

Date started **MARCH 5, 20 05**  
 Date completed **MARCH 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	<b>20</b>		<b>1 HR</b>

Address **P. O. BOX 888**  
 (CONTRACTOR)  
**FALLON, NV 89406**  
 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 **APRIL 6, 2005**

RECEIVED  
 05 APR 20 AM 11:02  
 STATE ENGINEERS OFFICE