

PRINT OR TYPE ONLY
 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. 52765

1. OWNER MAC COUST ADDRESS AT WELL LOCATION 1875 COIT
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 SE 1/4 Sec 24 T. 12 N/S R. 20 E Douglas County
 PERMIT NO. 1220-24-201-039 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	Thick-ness
<u>Dirt Rock</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>Sandy Clay-loam</u>		<u>6</u>	<u>16</u>	<u>10</u>
<u>Cobbles</u>		<u>16</u>	<u>27</u>	<u>11</u>
<u>SANDY Clay-GRAVEL</u>		<u>27</u>	<u>48</u>	<u>21</u>
<u>Black Rock</u>		<u>48</u>	<u>112</u>	<u>64</u>
<u>fracture rock</u>		<u>112</u>	<u>126</u>	<u>14</u>
<u>SANDY Clay-GRAVEL</u>		<u>126</u>	<u>145</u>	<u>19</u>
<u>large gravel</u>	<u>X</u>	<u>145</u>	<u>180</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 50 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"</u>	<u>12</u>	<u>188</u>	<u>19</u>	<u>180</u>
<u>6"</u>	<u>4500</u>	<u>27</u>	<u>19</u>	<u>180</u>

Perforations:
 Type perforation cut
 Size perforation 1/40"
 From _____ feet to _____ feet
 From 160 feet to _____ feet
 From _____ feet to 180 feet
 From _____ feet to _____ 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 180 feet

9. WATER LEVEL
 Static water level 58 feet below land surface
 Artesian flow NH G.P.M. _____ P.S.I.
 Water temperature 101.0 °F Quality clear

Date started 2007AD, 20____
 Date completed 227AD, 20____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	Bailer	Pump	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	
	<u>207</u>	<u>2 hrs</u>	

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
 Nevada contractor's license number 48498 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed James Blain
 By driller performing actual drilling on site or contractor
 Date 1-25-05