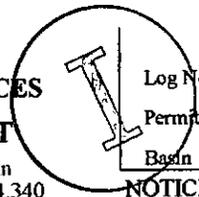


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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



OFFICE USE ONLY

Log No. 97077
 Permit No. _____
 Basin 121

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. 54923

1. OWNER CASEY PROPERTIES ADDRESS AT WELL LOCATION 7465 ANNETTE
 MAILING ADDRESS 4240 RENO HWY FALLON, NV 89406

2. LOCATION NE 1/4 SW 1/4 Sec 1 T 19 N R 27 E CHURCHILL County

PERMIT NO. _____ Issued by Water Resources Parcel No. 007-122-16 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	10	9
BROWN CLAY		10	15	5
BROWN SAND		15	35	20
GRAY SANDS/CLAY		35	80	45
BLACK SILT/CLAY		80	120	40
GRAY SANDS		120	165	45
GRAY CLAY		165	175	10
BROWN SAND	X	175	190	15

8. WELL CONSTRUCTION

Depth Drilled 190 Feet Depth Cased 190 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 3/4</u> Inches	<u>0</u> Feet <u>50</u> Feet
<u>6</u> Inches	<u>50</u> Feet <u>190</u> 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>190</u>

Perforations:

Type perforation MACHINE SLOT
 Size perforation .080

From	To
<u>181</u> feet to	<u>186</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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 21'3" 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 MAR 9, 20 05
 Date completed MAY 10, 20 05

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>		<u>1 HR</u>
_____	_____	_____
_____	_____	_____

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 JUNE 6, 2005

RECEIVED
 05 JUN 10 AM 11:57
 STATE ENGINEERS OFFICE