

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. 97085
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 54913

PRINT OR TYPE ONLY

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

1. OWNER BEN DOTSON CONSTRUCTION ADDRESS AT WELL LOCATION 1427 COLEMAN ROAD
 MAILING ADDRESS 900 WILDES ROAD FALLON, NV 89406
FALLON, NV 89406

2. LOCATION NW 1/4 NE 1/4 Sec 25 T 19 N R 28 E CHURCHILL County
 PERMIT NO. 008-293-31
 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
TOP SOIL		0	1	1
BROWN SAND		1	17	16
BROWN CLAY		17	20	3
BROWN SAND		20	45	25
BROWN CLAY		45	50	5
GRAY SAND		50	75	25
GRAY CLAY		75	80	5
BROWN SAND		80	95	15
GRAY SANDS/CLAYS		95	130	35
BLACK SILT/CLAY		130	160	30
GRAY SAND		160	190	30
GRAY CLAY		190	193	3
BROWN SAND & GRAVEL	X	193	210	17

8. WELL CONSTRUCTION
 Depth Drilled 210 Feet Depth Cased 210 Feet
 HOLE DIAMETER (BIT SIZE)
 From 103/4 Inches To 0 Feet 100 Feet
6 Inches 100 Feet 210 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>65/8</u>	<u>12.9</u>	<u>.188</u>	<u>+2</u>	<u>210</u>

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 204 feet to 208 feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 19'5" 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)
 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 8, 2005

Date started MAY 28, 20 05
 Date completed JUNE 1, 20 05

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>35+</u>		<u>1HR</u>	

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