

PRINT OR TYPE ONLY
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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. 55793

1. OWNER Cornerstone Const ADDRESS AT WELL LOCATION 1470 West 9th St
 MAILING ADDRESS _____ Silver Springs NV, 89429
 2. LOCATION SW 1/4 SE 1/4 Sec 18 T. 17 N/S R. 29 E Lyon Co County
 PERMIT NO. 17-263-16 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 MUD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Gravel Pit</u>				
<u>Boulders</u>		<u>0</u>	<u>91</u>	<u>91</u>
<u>Basalt Rock</u>				
<u>Fractured</u>		<u>91</u>	<u>300</u>	
<u>Broken Bedrock</u>				
<u>with Clay Same</u>		<u>300</u>	<u>360</u>	

8. WELL CONSTRUCTION
 Depth Drilled 360' Feet Depth Cased 360' Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 60 Feet
10 5/8 Inches
 From 60 Feet To 360 Feet
8-3/4 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>11300</u>	<u>.185</u>	<u>71</u>	<u>20</u>
<u>PVC SDR21</u>		<u>.380</u>	<u>20</u>	<u>360</u>

Perforations:
 Type perforation Sawed
 Size perforation 4 1/2 x 4 1/2 5 Rows
 From _____ feet to _____ feet
 From 300 feet to 360 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes, No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 60'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 60 feet to 360 feet

Date started 7/15/05, 20____
 Date completed 7/17/05, 20____

7. WELL TEST DATA

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>5 Gallons per Min</u>	<u>4' No.</u>	
	<u>air lift</u>		

9. WATER LEVEL
 Static water level 149' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality clean

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Inc Contractor
 Address PO 599 Contractor
Silver Springs, NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 31841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 6740
 Signed Matthew J. Leach
 By driller performing actual drilling on site or contractor
 Date 8/8/05