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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. 55796

1. OWNER CORNERSTONE CONST ADDRESS AT WELL LOCATION 1405 COONEY DRIVE
 MAILING ADDRESS SILVER SPRINGS, NV 89429
 2. LOCATION SE 1/4 SE 1/4 Sec 13 T. 19 N/S R. 34 E. Lyon Co County 89429
 PERMIT NO. 17-263-03 Issued by Water Resources _____ 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 Boulder</u> | | | | |
| <u>& Dust</u> | | <u>0</u> | <u>79</u> | <u>79</u> |
| <u>Basalt Bedrock</u> | | | | |
| <u>Broken Fractures</u> | | <u>79</u> | <u>185</u> | <u>106</u> |
| <u>Basalt with</u> | | | | |
| <u>Clay seams</u> | | <u>185</u> | <u>320</u> | <u>135</u> |
| <u>with branching</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 320' Feet Depth Cased 320' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 7/8 Inches To 60 Feet
8 3/4 Inches 60 Feet 320 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>10 7/8</u> | <u>1300</u> | <u>1.188</u> | <u>1</u> | <u>20</u> |
| <u>8 3/4</u> | <u>500</u> | <u>1.380</u> | <u>20</u> | <u>320</u> |

Perforations:
 Type perforation Sawed
 Size perforation 1/8 x 4" 5 Rows
 From 260' feet to 320' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 60' Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 60 feet to 320' feet

9. WATER LEVEL
 Static water level 132' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 72 °F Quality _____

Date started 7/5/05, 20____
 Date completed 7/8/05, 20____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |

15 Gal Min Air Lift
from 280' feet. 3 hrs.

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 Box 579 Contractor
Silver Springs, NV 89409
 Nevada contractor's license number 31841 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740
 Signed [Signature]
 By Driller performing actual drilling on site or contractor
 Date 8/8/05