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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. 56771

1. OWNER John Feut Coast ADDRESS AT WELL LOCATION 1129 CORTES
 MAILING ADDRESS _____

2. LOCATION SW 1/4 NE 1/4 Sec. 12 T. 12 N/S R. 20 E. Douglas County
 PERMIT NO. 1320-12-510-008 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>BROWN CLAY</u>		<u>0</u>	<u>4</u>	<u>4</u>
<u>COBBLES</u>		<u>4</u>	<u>62</u>	<u>58</u>
<u>LARGE GRAVEL</u>		<u>62</u>	<u>125</u>	<u>63</u>
<u>BROWN CLAY-GRAVEL</u>		<u>125</u>	<u>200</u>	<u>75</u>
<u>LARGE GRAVEL</u>	<u>X</u>	<u>200</u>	<u>250</u>	<u>50</u>
<u>FRAC. ROCK</u>	<u>X</u>	<u>250</u>	<u>270</u>	<u>20</u>

8. WELL CONSTRUCTION
 Depth Drilled 270 Feet Depth Cased 270 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 100 Feet
9 7/8 Inches 100 Feet 270 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>14</u>	<u>.188</u>	<u>1</u>	<u>10</u>
<u>6 5/8</u>	<u>4</u>	<u>SDR21</u>	<u>10</u>	<u>270</u>

Perforations:
 Type perforation GRINDER CUT
 Size perforation 1045" X 4"
 From _____ feet to _____ feet
 From 230 feet to 270 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 56 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 56 feet to 270 feet

9. WATER LEVEL
 Static water level 225 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 15 MAR 06, 20 _____
 Date completed 20 MAR 06, 20 _____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>12-15</u>		<u>1.5</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 issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 By driller performing actual drilling on site or contractor
 Date 23 MAR 06