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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. 54304

1. OWNER DA Development Michael Arlit ADDRESS AT WELL LOCATION 371 Angelina Wellington NV.
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 27 T. 11 N/S R. 23 E. Lyon Co. County
 PERMIT NO. 009-232-06 Smithville 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>D6 Sand & silt</u>		<u>0</u>	<u>39</u>	<u>39'</u>
<u>Clay, gravel & cobbles</u>		<u>39</u>	<u>141</u>	<u>102'</u>
<u>Clay, Gray color</u>		<u>141</u>	<u>162</u>	<u>21'</u>
<u>Gravel & sand</u>	<input checked="" type="checkbox"/>	<u>162</u>	<u>198</u>	<u>36'</u>

8. WELL CONSTRUCTION
 Depth Drilled 198 Feet Depth Cased 199 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 7/8 Inches To 0 Feet 198' Feet
 _____ Inches _____ Feet _____ 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>steel</u>	<u>.188</u>	<u>1</u>	<u>18</u>
<u>6 7/8</u>	<u>PVC</u>	<u>SDR 21</u>	<u>18</u>	<u>198'</u>

Perforations:
 Type perforation Sawed
 Size perforation 1 3/4" x 4 1/2" 4 rows
 From 158 feet to 198' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ 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 50 feet to 198' feet

Date started Feb 16/06, 20
 Date completed Feb 17/06, 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>Air Lifted</u>	<u>3 1/2</u>	<u>40</u>	<u>6pm</u>

9. WATER LEVEL
 Static water level 61 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality clear

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 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 1740
 Signed Matthew Leach
 By driller performing actual drilling on site or contractor
 Date March 3/06