

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. 56597

1. OWNER Don Clinger ADDRESS AT WELL LOCATION 3240 W Quince Silver Springs
 MAILING ADDRESS P.O. Box 1291 Dayton, NV 89403

2. LOCATION SW 1/4 NE 1/4 Sec. 34 T 18N N/S R 24E E Lyon County
 PERMIT NO. _____ Issued by Water Resources 018-388-04 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	Thickness
Top soil volcanic rock				
sand gravel		0	60	60
Volcanic rock sand				
gravels		60	80	20
Brown clay		80	100	20
Brown clay cobbles				
sand		100	200	100
Gray clay silt		200	375	175
Black gray volcanic rock	x	375	400	25
Black broken volcanic rock		400	500	100
Black gray volcanic rock		500	520	20
Black gray volcanic rock some clay		520	540	20
Fracture rock	x	540	700	160
Gray red clay gravel		700	785	85
Additional Perforations 700-720 740-760				

8. WELL CONSTRUCTION
 Depth Drilled 785 Feet Depth Cased 785 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	460
6 1/8 Inches	460	785

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	460
5	10.79	.188	445	785

Perforations:
 Type perforation Machine cut & air perforation
 Size perforation 3/32x3 & puncture

From	To
380 feet	460 feet
480 feet	500 feet
540 feet	560 feet
580 feet	600 feet
620 feet	640 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 460 feet

9. WATER LEVEL
 Static water level 216 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 1/11/2006, 19
 Date completed 1/24/2006, 19

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 - 8</u>		<u>3</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Bruce MacKay Pump & Well Service, Inc. Contractor
 Address 1600 Mt. Rose Hwy Contractor
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board 23096
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1790
 Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 1/25/2006