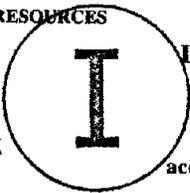


Log No. *102638*
 Permit No. _____
 Basin. *678*



WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. *48306*

1. OWNER *Tim Delany* ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS *PO Box 367 Imly 89418* *19 miles west of 80 #4*

2. LOCATION *SW 1/4 SW 1/4 Sec. 29 T. 31 N/S R. 30 E. Pershing* County _____
 PERMIT NO. *70070* Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>Sand Topsoil</i>		<i>0</i>	<i>2</i>	<i>2</i>
<i>Boulder + Gravel</i>		<i>2</i>	<i>480</i>	<i>478</i>
<i>Black shale</i>		<i>480</i>	<i>515</i>	<i>35</i>
<i>Sand + Gravel</i>	<i>66PM</i>	<i>515</i>	<i>525</i>	<i>20</i>
<i>Boulders + Sand</i>		<i>525</i>	<i>540</i>	<i>15</i>

8. WELL CONSTRUCTION
 Depth Drilled *560* Feet Depth Cased *540* Feet

HOLE DIAMETER (BIT SIZE)
 From *0* To *540*
10 5/8 Inches _____ Feet *550* Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<i>6 5/8</i>	<i>12</i>	<i>188</i>	<i>41</i>	<i>540</i>

Perforations:
 Type perforation *Factory cut*
 Size perforation *3/224*
 From *490* feet to *540* feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal *50* Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From *50* feet to *540* feet

Date started *March 30*
 Date completed *April 3*

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<i>5</i>		<i>4</i>

9. WATER LEVEL
 Static water level *432* feet below land surface
 Artesian flow *N/A* G.P.M. *N/A* P.S.I.
 Water temperature *Cool* °F Quality *Fair*

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name *Fred Anderson + Sons Drilling* Contractor
 Address *10760 Grass Valley Rd*
Wim NV 89445 Contractor
 Nevada contractor's license number issued by the State Contractor's Board *021467*
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller *2083*
 Signed *[Signature]*
 By driller performing actual drilling on site or contractor
 Date _____