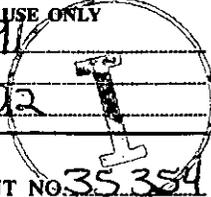


OFFICE USE ONLY
 Log No. 62491
 Permit No. _____
 Basin. 102



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 35354

1. OWNER Will Smith ADDRESS AT WELL LOCATION 5th St Silver Springs, NV 89429
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec 9 T 17 N/S R 25 E County Lakeside
 PERMIT NO. 17-174-10 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Sand Clay</u>		<u>3</u>	<u>7</u>	<u>4</u>
<u>Gravel</u>		<u>7</u>	<u>22</u>	<u>15</u>
<u>Clay</u>		<u>22</u>	<u>26</u>	<u>4</u>
<u>Gravel</u>		<u>26</u>	<u>48</u>	<u>22</u>
<u>Clay</u>		<u>48</u>	<u>50</u>	<u>2</u>
<u>Sand Clay</u>		<u>50</u>	<u>110</u>	<u>60</u>
<u>Clay</u>		<u>110</u>	<u>146</u>	<u>36</u>
<u>Sand</u>		<u>146</u>	<u>151</u>	<u>5</u>
<u>Clay</u>		<u>151</u>	<u>168</u>	<u>17</u>
<u>Gravel</u>		<u>168</u>	<u>178</u>	<u>10</u>
<u>fine gravel</u>				

8. WELL CONSTRUCTION
 Depth Drilled 178 Feet Depth Cased 179 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 1 Feet 178 Feet
 _____ Inches _____ Feet _____ 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>13</u>	<u>1.38</u>	<u>1</u>	<u>178</u>

Perforations:
 Type perforation Annular
 Size perforation 3/16 x 2 1/2" x 7#
 From 168 feet to 176 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 30 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 108 feet

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature C °F Quality Good

Date started 11/15/96, 19____
 Date completed 11/15/96, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>40-45</u>	<u>gpm</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Gene Dailing Inc Contractor
 Address PO Box 288 Contractor
SS NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 11/15/96