

Corrected
 STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 86190
 Permit No. 21930
 Basin 153

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 48260

1. OWNER Berg Land & Livestock ADDRESS AT WELL LOCATION Diamond Valley, Nevada
 MAILING ADDRESS P.O. Box 920 Pivot # 6
Lake Osewgo, OR 97034-0152

2. LOCATION SW 1/4 NE 1/4 Sec. 27 T 21N N/S R 53E E Churchill County
 PERMIT NO. 21930 Issued by Water Resources Parcel No. N/A 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	Thickness
Hard Gravel & Cobble Stone		220	290	70
Gravel & Sand	XX	290	355	65
<i>N 39.661563</i>				
<i>W 115.988296 NAD83</i>				
<i>N 39.661656</i>				
<i>W 115.987405 NAD83</i>				
<i>Plugged under ADJ 62303</i>				

8. WELL CONSTRUCTION
 Depth Drilled 355 Feet Depth Cased 355 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 355 Feet
15 3/4 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14	36.7	.250	180	355

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8

From 180 feet to 355 feet
 From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 120 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 01/07/2002, 19
 Date completed 01/15/2002, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Parsons Drilling, Inc. Contractor
 Address P.O. Box 1265 Contractor
Fallon Nv. 89407
 Nevada contractor's license number issued by the State Contractor's Board 29064
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753
 Signed Marcus Parsons
 By driller performing actual drilling on-site or contractor
 Date 02/19/2002