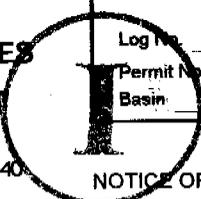


WELL DRILLER'S REPORT

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. 51001

OWNER **MIKE CASEY** ADDRESS AT WELL LOCATION **7560 ANNETTE**
 MAILING ADDRESS **4240 RENO HWY**
FALLON, NV 89406
 2. LOCATION **NE** 1/4 **SW** 1/4 Sec. **6** T **19** N/S R **28** E **CHURCHILL** County
 PERMIT NO. **7-122-06** **VANESSA** Subdivision Name
 Issued by Water Resources Parcel No.

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	1	1
BROWN SAND		1	18	17
BROWN CLAY		18	24	6
BROWN SAND		24	48	24
GREY SAND/CLAY		48	80	32
BLACK SILT/CLAY		80	100	20
GREY CLAY		100	105	5
GREY SAND	X	105	117	12

8. WELL CONSTRUCTION
 Depth Drilled **117** Feet Depth Cased **117** Feet
 HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 Inches	0	50
6 1/4 Inches	50	117

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	117

Perforations:
 Type perforation **MACHINE SLIT**
 Size perforation **.080**
 From **111** feet to **115** 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level **15'6"** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality **UNTESTED**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **WELSCO CORP.** Contractor
 Address **P. O. BOX 888** Contractor

FALLON, NV 89406
 Nevada contractor's license number issued by the State Contractor's Board **11752**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2199**
 Signed *[Signature]* By driller performing actual drilling on-site or contractor
 Date **1/27/2003**

Date started **12/5/2002**, 19____
 Date completed **1/2/2003**, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20		1 HR

RECEIVED
 JAN 29 AM 10:53
 A/E ENGINEERS OFFICE