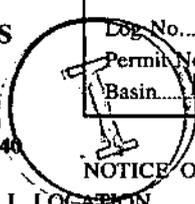


WELL DRILLER'S REPORT

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

1. OWNER GARY PROCTOR ADDRESS AT WELL LOCATION Redwood 6715 REDWOOD
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SE 1/4 Sec 12 T 17 N/S R 24 E LYON County _____
 PERMIT NO. 17-133-04 Issued by Water Resources 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
"Sand Gravel"		0	25	25'
Clay/Gravel	X	25	45	20'
Gravel	X	45	110	155'
		110	190	80'

8. WELL CONSTRUCTION
 Depth Drilled 190 Feet Depth Cased 190 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 190
11 Inches 0 Feet 190 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>14</u>	<u>.188</u>	<u>10</u>	<u>10</u>
<u>6 5/8</u>	<u>4</u>	<u>SOR 21</u>	<u>10</u>	<u>190</u>

Perforations:
 Type perforation Gravel cut
 Size perforation .040" x 4"
 From 170 feet to 185 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50'
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 50' feet to 190 feet

9. 45' WATER LEVEL
 Static water level 45' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BLAIN DRILLING & PUMP CO. INC.
 Address PO. Box 1255
Carson City, NV 89702
 Nevada contractor's license number 46498
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2274
 Signed [Signature]
 by driller performing actual drilling on site or contractor
 Date _____

Date started 7-28, 2004
 Date completed 7-29, 2004

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 type="checkbox"/> Air Lift	<u>15</u>		<u>3 hrs</u>

RECEIVED
 04 SEP 14 PM 3:04
 STATE ENGINEERS OFFICE