

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 97871
 Permit No. _____
 Basin 101

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 55982

1. OWNER **CASEY PROPERTIES**
 MAILING ADDRESS 4240 RENO HWY
FALLON, NV 89406
 ADDRESS AT WELL LOCATION 9425 MARSHALL
FALLON, NV 89406

2. LOCATION NW 1/4 SE 1/4 Sec 15 T 19 N R 27 E **CHURCHILL** County
 PERMIT NO. 007-171-69

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
TOP SOIL		0	1	1
BROWN SAND		1	20	19
BROWN CLAY		20	40	20
BROWN SAND		40	50	10
GRAY SAND/CLAY		50	70	20
GRAY SANDS		70	90	20
GRAY CLAY		90	100	10
BROWN SANDS	X	100	114	14

8. WELL CONSTRUCTION
 Depth Drilled 114 Feet Depth Cased 114 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
6 Inches 50 Feet 114 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	114

UTM E 0333319
 N 4374955 NAD22
 from NOI
 RC 12-1-05

Perforations:
 Type perforation **MACHINE SLIT**
 Size perforation .080
 From 108 feet to 112 feet
 From _____ feet to _____ feet

RECEIVED
 AUG 23 2 10:33
 STATE ENGINEERS OFFICE

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 38'1" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

Date started JULY 23, 20 05
 Date completed JULY 23, 20 05

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)

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<u>30</u>			<u>1 HR</u>

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 772
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date AUGUST 23, 2005