

PRINT OR TYPE ONLY
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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. 5/1194

1. OWNER Ann Leung ADDRESS AT WELL LOCATION 146 MARY KEN
 MAILING ADDRESS _____
 2. LOCATION NE SE 1/4 SW 1/4 Sec. 20 T. 17 N/S R. 22 E County Storey
 PERMIT NO. 003-304-72 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------------|--------------|------|-----|-----------|
| Sand | | 0 | 5 | 5 |
| Cable | | 5 | 30 | 25 |
| Gravel Small | | 30 | 37 | 7 |
| Cable | | 37 | 50 | 13 |
| rock clay | | 50 | 55 | 5 |
| Cable | | 55 | 85 | 30 |
| Clay Gravel | | 85 | 98 | 13 |
| Black rock | | 98 | 135 | 37 |
| Hard Pan | | 135 | 215 | 80 |
| Black Fractured Rock | | 215 | 300 | 85 |

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 300 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | | <u>188</u> | <u>1</u> | <u>20</u> |
| <u>6 5/8</u> | | <u>SUR 21</u> | <u>20</u> | <u>300</u> |

Perforations:
 Type perforation Grinder cut
 Size perforation 1/8"
 From 160 feet to 300 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 50 feet to 300 feet

9. WATER LEVEL
 Static water level 210 feet below land surface
 Artesian flow 15 G.P.M. _____ P.S.I.
 Water temperature 64 °F Quality Clear

Date started 9-25 2005
 Date completed 9-29 2005

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 checked="" type="checkbox"/> Air Lift | <u>15</u> | <u>275</u> | <u>3 Hr</u> |

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 issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2134-71
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-3-05