

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. 28589

1. OWNER Atlas Corp ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 282 20 miles north
Enterprise NV 89316 on 3 Bar road
 2. LOCATION NW 1/4 NW 1/4 Sec. 34 T 22 R 49 E Enterprise County
 PERMIT NO. NO 259 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
<u>NW-3</u>				
<u>hole open</u>				
<u>pump abandoned</u>				
<u>grout 42 gallons</u>				
<u>per bag pump</u>				
<u>65 gallons of</u>				
<u>blended in hole</u>				
<u>mix 2 bag</u>				
<u>cement</u>				
<u>2-20 ft seal</u>				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased 145 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6.125 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)
<u>2.5</u>				

Perforations:
 Type perforation mill slot
 Size perforation 0.010
 From 125 feet to 145 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 124 feet to 145 feet

9. WATER LEVEL
 Static water level 124 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 6 °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WDC Exploration & Wells Contractor
 Address 380 W Silver St Contractor
EIKO NV 89802
 Nevada contractor's license number issued by the State Contractor's Board 0012852
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1689
 Signed Dani Mann
 By driller performing actual drilling on site or contractor
 Date 12-27-05

Date started 12-20, 2005
 Date completed 12-20, 2005

7. WELL TEST DATA

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