

DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 100577
 Permit No. _____
 Basin 137B

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 55194

1. OWNER R.M.G.C. ADDRESS AT WELL LOCATION R.M.G.C.
 MAILING ADDRESS P.O. Box 490 ROUND MTN NV.
ROUND MTN NV. 89045
 2. LOCATION SW 1/4 NW 1/4 Sec 29 T. 10 S. R. 14 E. NVE County _____
 PERMIT NO. _____ 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>DRILLED 4" PVC out with 7/8" STEEL TOOTH TRICONE to T.D. (200')</u> | | | | |
| <u>60 Bags #1 3/8" HOLE PLUG</u> | | <u>200'</u> | <u>50'</u> | <u>150'</u> |
| <u>NEAT CEMENT # (100#) BAGS</u> | | <u>50'</u> | <u>0</u> | <u>50</u> |

8. WELL CONSTRUCTION
 Depth Drilled 205 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

 Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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Date started 6-1-05, 20 _____
 Date completed 6-1-05, 20 _____

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. WATER LEVEL
 Static water level 187.36 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 EKLUND DRILLING Contractor
 Address P.O. Box 89803 2748 Contractor
ELKO NV. 89803
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1698
 Signed Ray Jaye Young
 By filling performing actual drilling on site or contractor
 Date 7/1/05