

Log No. 101681

Permit No.

Basin 105

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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. 59299

1. OWNER UDN Hofen ADDRESS AT WELL LOCATION 609 FRONTAGE RD
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec. 24 T. 12N N/S R. 20 E Douglas County
 PERMIT NO. 1220-24-410-015 Subdivision Name _____
Issued by Water Resources Parcel No.

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 |
|--------------------|--------------|------|-----|------------|
| DIRT - GRAVEL | | 0 | 11 | 11 |
| ROCK - BOULDERS | | 11 | 60 | 49 |
| FRAC ROCK | | 60 | 111 | 51 |
| BROWN CLAY-GRAVEL | X | 111 | 161 | 50 |
| MEDIUM GRAVEL | X | 161 | 200 | 39 |
| 38.88215° N | | | | |
| 119.69049° W NAD83 | | | | |
| 38.882248° N | | | | |
| 119.689497° W | | | | |
| NAD83 | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 7/8 Inches To 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 3/8 | 14 | 1.88 | 41 | 20 |
| 6 3/8 | 4 | SDR 21 | 20 | 200 |

Perforations:
 Type perforation GRINDER CUT
 Size perforation .045" x 3.5"

From _____ feet to _____ feet
 From 160 feet to 200 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 102 ft
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 102 feet to 200 feet

9. WATER LEVEL
 Static water level 63 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.

Date started 8 Sep, 2006
 Date completed 11 Sep, 2006

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>25+</u> | | <u>1.5</u> |
| | | | |
| | | | |

Name SLAIN DRILLING & PUMP CO. INC.
 Address P.O. 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 2167
 Signed Jack Watson
 By driller performing actual drilling on site or contractor
 Date 12 Sep 06