

OFFICE USE ONLY
 Log No. 104071
 Permit No. _____
 Basin 102

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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. 57905

1. OWNER Lyon County Utilities Dept. ADDRESS AT WELL LOCATION 2363290.11 E 14761129.28 N
 MAILING ADDRESS 341 Lakes Blvd Suite 1030 Dayton NV 89403
 2. LOCATION 1/4 NW 1/4 Sec. 34 T. 17 S. R. 22 E. LYONS County
 PERMIT NO. M0-1434 Issued by Water Resources | APN 016-022-37 | MW-6 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 SOVIC

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------------------|--------------|-----------|-----------|------------|
| <u>Fine Silty Sand</u> | | <u>0</u> | <u>3</u> | <u>3</u> |
| <u>Fine Coarse Sand</u> | | <u>3</u> | <u>6</u> | <u>3</u> |
| <u>Med. Coarse Sand</u> | | <u>6</u> | <u>9</u> | <u>3</u> |
| <u>Coarse Sand w/ Gravel</u> | | <u>9</u> | <u>10</u> | <u>1</u> |
| <u>Med. Sand w/ Silt</u> | | <u>10</u> | <u>15</u> | <u>5</u> |

8. WELL CONSTRUCTION
 Depth Drilled 15 Feet Depth Cased 15 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 15
6 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</u> | | <u>Sch 40</u> | <u>0</u> | <u>5</u> |

 Perforations:
 Type perforation mill slot
 Size perforation .020
 From 5 feet to 15 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 3 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 4.5 feet to 15 feet
 9. WATER LEVEL
 Static water level 9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 1-9, 2007
 Date completed 1-9, 2007

7. WELL TEST DATA

| TEST METHOD: | Bailer | Pump | Air Lift |
|-------------------------------|--------------------------|-------------------------------------|--------------------------|
| <u>Pump</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.P.M. | <u>1</u> | | |
| Draw Down (Feet Below Static) | <u>2.2</u> | | |
| Time (Hours) | <u>1:23</u> | | |

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 2007 MAY -7 PM 1:23

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 Contractor
 Address PO Box 141 Contractor
Zamora CA 95698
 Nevada contractor's license number 12852 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111
 Signed Jim Whittley By driller performing actual drilling on site or contractor
 Date 4-15-07