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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. 37110

1. OWNER ERM-WEST ADDRESS AT WELL LOCATION UNION PACIFIC RR
 MAILING ADDRESS 455 Capitol Mall, Suite 800 NE corner E Glendale Ave & Union Pacific Spur
Sacramento, CA 95814 Sparks, Nevada

2. LOCATION SE 1/4 NW 1/4 Sec. 10 T 19N N/S R. 20 E Washoe County
 PERMIT NO. M/O 396-A MW211 034-321-01 E Sparks
 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
Static Water Level: <u>16.1 feet</u>				
Total Depth: <u>42.3 - original depth 63 feet -</u>				
1. Measure SWL & TD				
2. Glue threaded adapter to existing casing				
3. Set tremie pipe to bottom of casing				
4. Pump neat cement from bottom to surface approx 10 sacks				
5. Pull tremie, fill casing				
Equipment: High pressure cement pump & mixer 42 feet 1 inch tremie line				
Materials: 10 sacks Portland Cement Type II 1 sack Concrete mix				
Location: 30 inches E of RR Spur Track 94 feet N of E Glendale Ave., Sparks, NV				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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
 From _____ feet to _____ feet

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

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 3-24-98, 19____
 Date completed 3-24-98, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level _____ 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 WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510

Nevada contractor's license number issued by the State Contractor's Board 0022549
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 908

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date April 5, 1998