

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

35557
 NOTICE OF INTENT NO. _____

1. OWNER Walter Curtis ADDRESS AT WELL LOCATION 4845
 MAILING ADDRESS P.O. Box 507 Rainbow Dr
Wmca NV 89446 Wmca NV 89445
 2. LOCATION NW 1/4 NW 1/4 Sec. 14 T. 35 N/S R. 31 E Humboldt T County
 PERMIT NO. 013-332-23 Thomas Canyon Subdivision Name 1 ACRES
 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
TOP SOIL		0	5	5
yellow clay		5	20	15
gray clay		20	65	45
red clay (sandy)		65	75	10
soft sandy clay		75	95	20
red sandstone		95	122	27

8. WELL CONSTRUCTION
 Depth Drilled 122 Feet Depth Cased 122 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 122 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.122</u>	<u>+1</u>	<u>122</u>

Perforations:
 Type perforation torch cut
 Size perforation 7.6
 From 102 feet to 122 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 90 feet to 122 feet

9. WATER LEVEL
 Static water level 77 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge
 Name L B D Drilling Co. Contractor
 Address P.O. Box 902 Contractor
Wmca NV 89445
 Nevada contractor's license number issued by the State Contractor's Board 7605
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 12071
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-10-2000

Date started 1-18, 2000
 Date completed 1-23, 2000

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Resting</u>	<u>30</u>	<u>UNK</u>	<u>3 hrs</u>