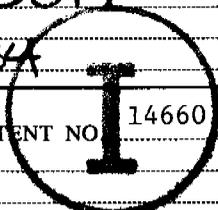


OFFICE USE ONLY
 Log No. 35017
 Permit No. _____
 Basin G-8A

 14660

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

33,000

NOTICE OF INTENT NO. _____

1. OWNER Mary Riley ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 606 5005 Wayside Dr
Silver Springs, Nv 89429
 2. LOCATION NW 1/4 se 20 1/4 Sec 33 T 23 N/S R. 21 E Washoe County
 PERMIT NO. 077-350-03 Palomino Valley
 Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other Air

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---|--------------|------|-----|------------|
| Brown red purple green yellow volcanic gravels and brown clay zones | | 280 | 347 | 67 |
| Reddish brown volcanic rock - fractured | | 347 | 545 | 198 |
| T.D. 545 ft | | | | |

See Log # 35018 for original completion

91 JAN -3 AM 09
STATE ENGINEERS OF NV

8. WELL CONSTRUCTION
 Diameter 6 1/8 inches Total depth 545 feet
 _____ inches
 _____ inches
 Casing record 5 inch
 Weight per foot 9.66 Thickness .188

| Diameter | From | To |
|-----------------|-----------------|-----------------|
| <u>5</u> inches | <u>265</u> feet | <u>545</u> feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |
| _____ inches | _____ feet | _____ feet |

 Surface seal: Yes No Type see original log
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 525 feet to 545 feet
 From _____ feet to _____ feet

Date started 12/10/90, 19____
 Date completed 12/12/90, 19____

9. WATER LEVEL
 Static water level 160 feet below land surface
 Flow 12 G.P.M. W. A. S. I.
 Water temperature cold °F Quality _____

7. WELL TEST DATA

| Pump RPM | G.P.M. | Draw Down | After Hours Pump |
|--|--------|-----------|------------------|
| <u>Blew with air to clean and develop.</u> | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Aqua Drilling & Well Service, Inc
 Contractor
 Address 625 Spice Islands Dr Suite L Sparks
 Contractor 89431
 Nevada contractor's license number issued by the State Contractor's Board 15291
 Nevada contractor's driller's number issued by the Division of Water Resources 1132
 Nevada driller's license number issued by the Division of Water Resources 1511
 Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor
 Date Roger M. Thrall 12/13/90

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours