

OFFICE USE ONLY
 Log No. 37217
 Permit No. 092-B
 Basin 1
 NOTICE OF INTENT NO. 18246

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Cal Eldridge for Steve & Diana ADDRESS AT WELL LOCATION 976 Golden Valley Rd
 MAILING ADDRESS Box 8489 Hawkins
Reno, Nv 89507

2. LOCATION NE 1/4 NE 1/4 Sec 15 T 20 N/S R 19 E Washoe County
 PERMIT NO. 088-202-15 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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 |
|---|--------------|------|-----|------------|
| D. G. brown weathered | | 0 | 12 | 12 |
| Green D.G. | | 12 | 15 | 3 |
| Clay & D.G. - Brown weathered | | 15 | 22 | 7 |
| Green D.G. | | 22 | 37 | 15 |
| Brown D.G. | | 37 | 53 | 16 |
| Granite hard fractured | | 53 | 171 | 118 |
| T.D. 171 ft | | | | |
| There is a 10 ft blank on bottom of perf. | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 171 Feet Depth Cased 171 Feet

HOLE DIAMETER (BIT SIZE)

| Inches | From | To | Feet |
|--------|------|-----|------|
| 10 | 0 | 50 | Feet |
| 8 | 50 | 171 | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.92 | .188 | + 1 | 171 |

Perforations:
 Type perforation Factory
 Size perforation 3/32 X 3

From 141 feet to 161 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 54
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 54 feet to 171 feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality clear

Date started 8/21/91, 19_____
 Date completed 8/22/91, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 20+ | | 1 hour |

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
 Address 625 Spice Islands Dr Suite L Sparks, Nv 89431

Nevada contractor's license number 15291
 issued by the State Contractor's Board

Nevada driller's license number 1132
 issued by the Division of Water Resources, the on-site driller

Signed Roger M. Thrall
 By driller performing actual drilling on site or contractor
 Date 8/23/91