

OFFICE USE ONLY
 Log No. 38087
 Permit No. _____
 Basin. 100

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

NOTICE OF INTENT NO. 13374

1. OWNER Crystal Canyon Corporation ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 71498 _____
Reno, Nevada 89570 _____

2. LOCATION SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 9 T. 21 (N/S) R 18 E Washoe County
 PERMIT NO. M/O-467 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. MW-2 LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------------|--------------|------|------|------------|
| BROWN SAND with SILT | | 0.0 | 6.0 | 6.0 |
| LIGHT BROWN SILTY SAND | | 6.0 | 18.0 | 12.0 |
| GREEN BROWN SILTY SAND | | 18.0 | 33.0 | 18.0 |
| BROWN SILTY SAND | | 33.0 | 42.0 | 9.0 |
| GRAY GREEN SILTY SAND | Yes | 42.0 | 75.0 | |

92 10310 02101
STATE ENGINEER

8. WELL CONSTRUCTION
 Depth Drilled 75.0 Feet Depth Cased 75.0 Feet

HOLE DIAMETER (BIT SIZE)
 From 8.0 Inches To 75.0 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2.0 | 0.5 | Schedule 40 | 0.0 | 75.0 |

Perforations:
 Type perforation Slots
 Size perforation 0.01
 From 40.0 feet to 75.0 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 9.0 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From 37.5 feet to 75.0 feet

9. WATER LEVEL
 Static water level 64.0 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started February 5, 1992
 Date completed February 6, 1992

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Mr. Mark E. DeBusk Contractor
 Address 520 Edison Way Contractor
Reno, NV 89502
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. M-1768
 Signed Mark E. DeBusk
 By driller performing actual drilling on site or contractor
 Date 2/11/92