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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. 18330

1. OWNER Vernon Dalton ADDRESS AT WELL LOCATION Clover Valley
 MAILING ADDRESS Clover Valley Wells Nevada 89835
 2. LOCATION S1/4 S1/4 Sec 26 T 38 N/S R 62 E Elko County
 PERMIT NO. 38136 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 |
|-----------------------------------|--------------|------|-----|------------|
| Large gravels sandy clay | | 0 | 2 | |
| brn clay & silts | | 2 | 15 | |
| Large gravel con | | 15 | 50 | |
| broken sandstone | | 50 | 100 | |
| All layers hard to soft sandstone | | 60 | 100 | |
| Lrg gravel con hard | | 100 | 135 | |
| coarse sand semi con | ✓ | 135 | 140 | |
| Lrg gravel all con to uncons | ✓ | 140 | 170 | |

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet To 170 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6.518</u> | <u>12.92</u> | <u>.188</u> | <u>2</u> | <u>170</u> |

Perforations:
 Type perforation AIR
 Size perforation 1/8 x 2
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 55
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 55 feet to 150 feet

9. WATER LEVEL
 Static water level 95 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality not tested

Date started 7-27 1992
 Date completed 7-30 1992

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|------------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>15F</u> | <u>50</u> | <u>3</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name K. D. Reynolds Contractor
 Address PO Box 402 Contractor
Wells Nevada 89835
 Nevada contractor's license number issued by the State Contractor's Board 014410
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 1390 1585
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-30-92