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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. 23867

1. OWNER Milt Anderson ADDRESS AT WELL LOCATION 2580 Westview Dr
 MAILING ADDRESS 2580 Westview Dr Sparks, Nv 89434

2. LOCATION SW 1 NW 19 T 19 N/S R 20 E Washoe County
 PERMIT NO. 30-182-02 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 Mud

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|-----|------------|
| Dark green volcanic rock with white specks fractured | | 194 | 229 | 35 |
| Gray & white clay with volcanic sands | | 229 | 253 | 24 |
| Dark green volcanic rock fractured | | 253 | 285 | 32 |
| Red clay with gray white sands | | 285 | 295 | 10 |
| Green red brown volcanic rock hard & fractured | | 295 | 305 | 10 |
| Red sticky clay with traces of volcanic sand & small gravels | | 305 | 317 | 12 |
| T.D. 317 ft | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 317 Feet Depth Cased 317 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 1/2 Inches 194 Feet To 317 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 5 | 9.66 | .188 | 177 | 317 |

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

From 217 feet to 237 feet
 From 257 feet to 277 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal refer to original log Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 189 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 Contractor
Sparks, Nv 89431
 Nevada contractor's license number 15291 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1511 Division of Water Resources, the on-site driller
 Signed Roger M Thrall
 By driller performing actual drilling on site or contractor
 Date Roger M. Thrall 9/24/93

Date started 9/20/93, 19____
 Date completed 9/22/93, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------|-------------------------------|--------------|
| <u>20+</u> | | <u>3 1/2</u> |