

OFFICE USE ONLY
 Log No. 44330
 Permit No. I
 Basin 103
 NOTICE OF INTENT NO. 25192

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 Overland Homes ADDRESS AT WELL LOCATION 610 Sutra Springs Dayton
 MAILING ADDRESS Highway 50 E Carson City
 2. LOCATION NW 1/4 SE 1/4 Sec 29 T. 17 N/S R. 22 E Storey County
 PERMIT NO. 032-285-06 Parcel No. Mark Twain Estates 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 |
|-----------------------------------------|--------------|------|-----|------------|
| Cemented gravel Brown clay Filler | | 0 | 150 | 150 |
| consolidated rock soft | | 150 | 200 | 50 |
| Fractured saturated gravel | | 200 | 220 | 20 |

APR 18 9 11:35
 STATE ENGINEERS

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/8 Inches To 0 Feet 220 Feet
 Inches Feet 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 3/8</u> | | <u>.188</u> | <u>±1</u> | <u>220</u> |

Perforations:
 Type perforation Factory Milled
 Size perforation 3/32
 From _____ feet to _____ feet
 From 200 feet to 220 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 220 feet

9. WATER LEVEL
 Static water level 140 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality Clear

Date started April 7 1994
 Date completed April 8 1994

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>20</u> | | <u>1</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Enbe Drilling Contractor
 Address P.O. Box 1345 Dayton, Nev Contractor
 Nevada contractor's license number issued by the State Contractor's Board 4789A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1757
 Signed Troy W Enloe
 By driller performing actual drilling on site or contractor
 Date April 8 1994