

OFFICE USE ONLY
 Log No. 45439
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 12906

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 Al Guglielmoni ADDRESS AT WELL LOCATION 480 W HALLS WAY
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 33 T. 20S N/S R. S3 E Nye County _____
 PERMIT NO. 35-491-01 Starlight Oasis Subdivision Name _____
 Issued by Water Resources _____ Parcel No. _____

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 |
|----------|--------------|------|-----|------------|
| Clay | | 0 | 24 | 24 |
| Caliche | | 24 | 26 | 2 |
| Clay | | 26 | 43 | 17 |
| Caliche | | 43 | 48 | 5 |
| Clay | | 48 | 68 | 20 |
| Caliche | WB | 68 | 73 | 5 |
| Clay | | 73 | 80 | 13 |
| Caliche | WB | 80 | 83 | 3 |
| Clay | | 83 | 126 | 43 |
| Caliche | WB | 126 | 130 | 4 |
| Clay | | 130 | 140 | 10 |

RECEIVED
 AUG 02 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>8 5/8</u> | <u>16.94</u> | <u>.188</u> | <u>0</u> | <u>140</u> |

Perforations:
 Type perforation Factory Sawcut
 Size perforation 1 & 3/8
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 58 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 Great Basin Drilling Contractor
 Address HER 78 Box 80358 Contractor
Pharrup NV 89011
 Nevada contractor's license number issued by the State Contractor's Board 30880
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Dun
 By driller performing actual drilling on site or contractor
 Date 7-23-94

Date started 7-25-94
 Date completed 7-12-94

7. WELL TEST DATA

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