

OFFICE USE ONLY
 Log No. 46196
 Permit No. _____
 Basin 043

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. 22096

1. OWNER Scott Jarman ADDRESS AT WELL LOCATION Ullie Properties
 MAILING ADDRESS Box 514 WELL NV

2. LOCATION NW 1/4 SE 1/4 Sec 12 T. 36 N. R. 60 E. ELKO County
 PERMIT NO. _____ 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 |
|-------------------|--------------|------|-----|------------|
| Top Soil | | 0 | 2 | 2 |
| Cemented Gravel | | 2 | 73 | 71 |
| Granite | | 73 | 270 | 197 |
| Fractured Granite | X | 270 | 305 | 35 |
| Granite | | 305 | 310 | 5 |

8. WELL CONSTRUCTION
 Depth Drilled 310 Feet Depth Cased 310 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 310 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</u> | | <u>188</u> | <u>0</u> | <u>310</u> |

Perforations:
 Type perforation factory
 Size perforation _____
 From 240 feet to 260 feet
 From 260 feet to 300 feet
 From 300 feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 310 feet

9. WATER LEVEL
 Static water level 27 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-2, 1994
 Date completed 9-5, 1994

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|--------------|
| <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>40</u> | <u>123</u> | <u>4</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AAA Drilling Contractor
 Address 151-14 W Bullion Contractor
ELKO NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 0020684
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1438
 Signed Shir Bennett
 By driller performing actual drilling on site or contractor
 Date 9-6-94