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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. 25975

1. OWNER Walter Kirchoff ADDRESS AT WELL LOCATION 7445 Angle St.
 MAILING ADDRESS 7445 Angle St 5th & Angel
Silver Springs NV 89429 S.S. NV 89429
 2. LOCATION SE 1/4 SW 1/4 Sec. 4 T. 17 N/S R. 25 E Lyon County
 PERMIT NO. 17-274-05 Parcel No. TYLER 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 Mod.

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------------|--------------|------|-----|------------|
| Sand | | 0 | 11 | 11 |
| Sand, Gravel | | 11 | 19 | 8 |
| Clay | | 19 | 23 | 4 |
| Comented Sandstone | | 23 | 149 | |
| | | 128 | | |
| | | 149 | | |

8. WELL CONSTRUCTION
 Depth Drilled 149 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 1 1/2 Feet
 From 1 Feet To 149 Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>13</u> | <u>1.88</u> | <u>±1</u> | <u>149</u> |

Perforations:
 Type perforation Touch Cpt
 Size perforation 3 1/2 x 8 1/2 x 4 round
 From 129 feet to 149 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 20
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From 20 feet to _____ feet

9. WATER LEVEL
 Static water level 40 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8/23/94, 1994
 Date completed 8/26/94, 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>100-65 gpm</u> | <u>2 hrs</u> | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Dean Drilling Inc Contractor
 Address PO 599 Contractor
S.S. NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed W. Daniel
 By driller performing actual drilling on site or contractor
 Date 8/26/94

'94 SEP 15 P3 53
 ENGINEERS OF I/I