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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. 21147

1. OWNER 26 RANCH INC ADDRESS AT WELL LOCATION ST JOHNS RANCH UNIT
 MAILING ADDRESS 26 RANCH INC
PO Box 3094 ELKO NV, 89803
 2. LOCATION SE 1/4 NW 1/4 Sec 20 T 38 N/R 50 E 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 _____

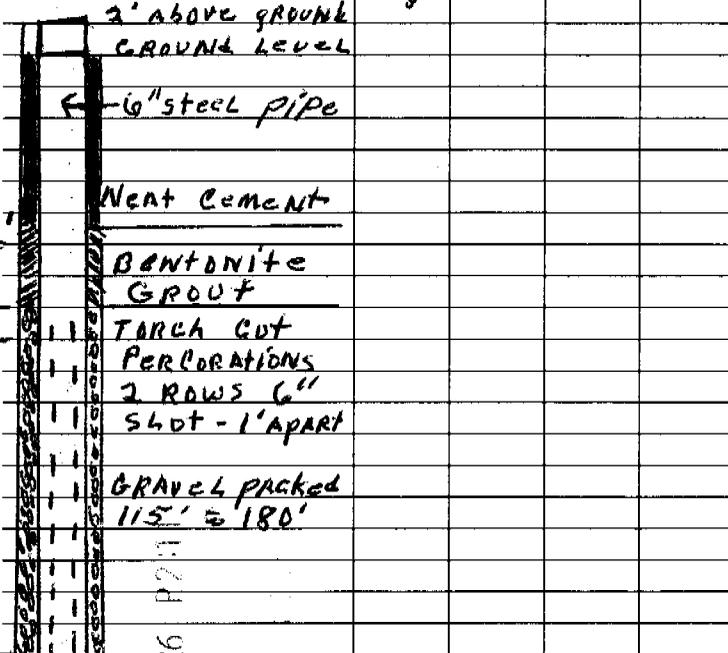
6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------------|--------------|------|-----|------------|
| Boulder & Shale & clay | — | 0 | 35' | 35' |
| Broken Rock | — | 35 | 45 | 10' |
| Broken Rock & water | 20gpm | 45 | 65 | 20' |
| Broken Rock | 20gpm | 65 | 80 | 15' |
| Gray Rock | — | 80 | 110 | 30' |
| Knoly Rock | — | 110 | 125 | 15' |
| Broken Rock & water | 150gpm | 125 | 145 | 20' |
| Broken Rock & water | 250gpm | 145 | 180 | 35' |

8. WELL CONSTRUCTION
 Depth Drilled 180' Feet Depth Cased 180' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 180 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>+2</u> | <u>180'</u> |



Perforations:
 Type perforation Torch cut
 Size perforation 6" slots
 From 120 feet to 180 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 10.5' Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 115 feet to 180 feet

9. WATER LEVEL
 Static water level 34' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-2, 1994
 Date completed 9-7, 1994

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-------------|------------|-------------------------------|--------------|
| <u>180'</u> | <u>250</u> | | <u>4 hr</u> |
| <u>120</u> | <u>175</u> | | <u>2 hr</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Frank Crib Contractor
 Address 1369 South Side Drive Contractor
89801
 Nevada contractor's license number issued by the State Contractor's Board C-23-00-30581
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1703
 Signed Frank Crib
 By driller performing actual drilling on site or contractor
 Date _____