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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 26525

1. OWNER SEABORN, Ron & Sandra ADDRESS AT WELL LOCATION None
 MAILING ADDRESS P.O. Box 281428
Lamoille, NV 89828
 2. LOCATION S.W. 1/4 NE 1/4 Sec 24 T. 33 N. R. 57 E. Elko County
 PERMIT NO. 0 Issued by Water Resources Parcel No. 06-52B-2A-7 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 |
|--------------------------------|--------------|------|-----|------------|
| Sandy soil | | 0 | 3 | 3 |
| Gravel | | 3 | 12 | 9 |
| Clay, gravel, boulders (mixed) | | 12 | 105 | 93 |
| Gravel w/water (crusty) | | 105 | 110 | 5 |
| Clay & gravel | | 110 | 136 | 26 |
| gravel | 12 gpm | 136 | 137 | 11 |
| Clay & gravel | | 137 | 180 | 43 |
| Coarse sand | ✓✓ | 180 | 190 | 10 |
| Clay & gravel | | 190 | 196 | 6 |
| | T.D. 196 | | | |

8. WELL CONSTRUCTION
 Depth Drilled 196 Feet Depth Cased 196 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 105 Feet
6 Inches 105 Feet 196 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>12.92</u> | <u>.188</u> | <u>+1.5</u> | <u>196</u> |

Perforations:
 Type perforation Trench cut
 Size perforation _____
 From 136 feet to 190 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 52
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 52 feet to 196 feet

9. WATER LEVEL
 Static water level 10.0 feet below land surface
 Artesian flow No G.P.M. _____ P.S.I. _____
 Water temperature cold °F Quality good

Date started 6-21, 1994
 Date completed 7-2, 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>20</u> | <u>20</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 MUTH DRILLING Co. Contractor
 Address 203 PINE ST. Contractor
89801
 Nevada contractor's license number issued by the State Contractor's Board. 10819
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. 632
 Signed James K. Muth
 By driller performing actual drilling on site or contractor
 Date _____