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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. 27312

1. OWNER DON & SUSAN LEWIS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1375 Greg Street, #105 760 Encanto Crt.
Sparks, NV 89431 Sparks, NV 89436
 2. LOCATION NE 1/4 SW 1/4 Sec. 9 T. 21N N/S R. 21 E Washoe County
 PERMIT NO. 076-300-52 Spanish Springs
 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 | 6 | 6 |
| Gray volcanic rock | | 6 | 10 | 4 |
| Red volcanic rock | | 10 | 14 | 4 |
| Brown to gray volcanic rock | | 14 | 21 | 7 |
| Red volcanic rock | | 21 | 40 | 19 |
| Rusty brown clay | | 40 | 42 | 2 |
| Brown clay | | 42 | 46 | 4 |
| Gray clay | | 46 | 49 | 3 |
| Brown clay | | 49 | 80 | 31 |
| Gray volcanic rock | | 80 | 105 | 25 |
| Brown volcanic rock | | 105 | 192 | 87 |
| Gray volcanic rock | | 192 | 243 | 51 |
| Soft zone (NO WATER) | | 243 | 247 | 4 |
| Gray volcanic rock | | 247 | 258 | 11 |
| Brown volcanic rock | | 258 | 335 | 77 |
| Gray volcanic rock | | 335 | 390 | 55 |
| Soft zone | X | 390 | 395 | 5 |
| Gray volcanic rock | | 395 | 411 | 16 |
| Black volcanic rock | | 411 | 456 | 45 |
| Fracture | | 456 | 457 | 1 |
| Black volcanic rock | | 457 | 460 | 3 |
| Fracture | | 460 | 461 | 1 |
| Black volcanic rock, soft | | 461 | 495 | 34 |
| Gray volcanic rock | | 495 | 502 | 7 |
| Soft zone | | 502 | 506 | 4 |
| Gray volcanic rock | | 506 | 515 | 9 |
| Gray & red volcanic rock | | 515 | 550 | 35 |

8. WELL CONSTRUCTION
 Depth Drilled 550 Feet Depth Cased 550 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
8 5/8 Inches 50 Feet 550 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | | .188 | 0 | 550 |

Perforations:
 Type perforation factory sawed slot
 Size perforation 3/32 x 3 x 5 around
 From 380 feet to 420 feet
 From 460 feet to 480 feet
 From 520 feet to 540 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 feet Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 550 feet

9. WATER LEVEL
 Static water level 335 feet below land surface
 Artesian flow _____ G.P.M. 9 P.S.I.
 Water temperature cold °F Quality clear

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number issued by the State Contractor's Board 22549
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 923
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date November 1, 1994

Date started 10-26-94, 19____
 Date completed 10-31-94, 19____

7. WELL TEST DATA

| TEST METHOD: | TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | | |
|--------------|---|-------------------------------|--------------|
| | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
| STATE | <u>9</u> | | |
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