

OFFICE USE ONLY
 Log No. 47235
 Permit No. _____
 Basin 021 I
 NOTICE OF INTENT NO. 25007

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

1. OWNER DAVID RUMSEY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 501 2ND STREET, SUITE 710 SMOKE CREEK DESERT
SAN FRANCISCO, CALIFORNIA 94107 GERLACH, NEVADA
 2. LOCATION NE 1/4 NE 1/4 Sec. 9 T 32 N/S R 21 E WASHOE County
 PERMIT NO. 005324 AP# 071-14-13
 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 DIRECT

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
GREEN CLAY		0	40	40
BLUE-GRAY CLAY		40	120	80
GRAY & BLACK CLAY		120	232	112
CLAY & SAND		232	245	13
BLACK ROCK & CLAY		245	253	8
CLAY W/SOME GRAVEL		253	295	42
CLAY		295	305	10
SOFT BLACK ROCK		305	325	20
REDDISH-BLACK ROCK AND RED CLAY		325	348	23
HARD GRAY ROCK		348	351	3

8. WELL CONSTRUCTION
 Depth Drilled 351 Feet Depth Cased 345 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 351 Feet
12 1/4 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	8.68	.125	+1	305

Perforations:
 Type perforation 6 INCH
 Size perforation .125
 From 305 feet to 345 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 345 feet

9. WATER LEVEL
 Static water level 0 feet below land surface
 Artesian flow 250 G.P.M. 4 P.S.I.
 Water temperature 84 °F Quality GOOD

Date started MARCH 25, 1995
 Date completed MARCH 28, 1995

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name SARGENT IRRIGATION COMPANY
 Address 9955 NORTH VIRGINIA STREET
RENO, NEVADA 89506
 Nevada contractor's license number 0021246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1493
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date APRIL 11, 1995