

OFFICE USE ONLY X
 Log No. 49096
 Permit No. _____
 Basin. 2
 NOTICE OF INTENT NO. 26761

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 William Betts SA ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2465 E. Budge St _____

2. LOCATION SW 1/4 SW 1/4 Sec. 20 T. 17 N/S R. 25 E County _____
 PERMIT NO. _____ Parcel No. 17-464-130 Subdivision Name Clayton Sub #1

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 Mud

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|-------------------------|--------------|-------------|-------------|------------|
| <u>Fine Sand</u> | | <u>110'</u> | <u>149'</u> | <u>39'</u> |
| <u>Coarse fine sand</u> | | <u>149'</u> | <u>196'</u> | <u>47'</u> |
| <u>Coarse sand</u> | | <u>196'</u> | <u>210'</u> | <u>14'</u> |
| <u>Gravel 3/8 min</u> | | | | |

95 JUL 31 P 1:59
 STATE ENGINEERS

8. WELL CONSTRUCTION 139 - 210'
 Depth Drilled 210' Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
5 7/8 Inches 30' Feet 210' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-------------|
| <u>5 9/16</u> | <u>11.5</u> | <u>1.88</u> | <u>30</u> | <u>210'</u> |

Perforations:
 Type perforation Touch cut
 Size perforation 3/16 x 1/2 x 1/2
 From 205 feet to 210 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 30 feet Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 1A feet to 1A feet

9. WATER LEVEL
 Static water level 37' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature C °F Quality Good

Date started 7/19/95, 19_____
 Date completed 7/20/95, 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---------------|-------------------------------|--------------|
| <u>40 gpm</u> | <u>1' 3/4</u> | <u>1 1/2</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Geach Drilling Inc Contractor
 Address PO 599 Contractor
SS. NJ 82109
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 7/21/95