

OFFICE USE ONLY
 Log No. 49488
 Permit No. _____
 Basin. 1049

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

NOTICE OF INTENT NO. 30204

1. OWNER 311 CRANE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 19 W HANNUM BLVD ELKO U.S.A. DR EAST END
SALINA W. ME 48602
 2. LOCATION SW 1/4 NE 1/4 Sec 25 T 34 N 55 E ELKO County _____
 PERMIT NO. _____ Lot 6 A Parcel No. _____ ELKO SUMMIT ESTATES Subdivision Name _____
 Issued by Water Resources _____

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 |
|-----------------|--------------|------|-----|------------|
| Brown shale | | 0 | 2 | 2 |
| Brown clay | | 2 | 28 | 26 |
| White sandstone | | 28 | 40 | 12 |
| Gray shale | X | 40 | 49 | 9 |
| Gray clay | | 49 | 54 | 5 |
| Black shale | | 54 | 68 | 12 |
| Brown shale | | 68 | 87 | 19 |
| Gray shale | X | 87 | 112 | 25 |

8. WELL CONSTRUCTION
 Depth Drilled 112 Feet Depth Cased 112 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 112 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>12.92</u> | <u>1.88</u> | <u>1.5</u> | <u>112</u> |

 Perforations:
 Type perforation Slots
 Size perforation 3/4 x 3"
 From 80 feet to 100 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 51 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 51 feet to 112 feet

Date started 10-25 1995
 Date completed 10-27 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------|-------------------------------|--------------|
| <u>50+</u> | | <u>2.5</u> |

9. WATER LEVEL
 Static water level 40 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fertig Drilling Co Contractor
 Address PO Box 525 Contractor
Elko NV 89501
 Nevada contractor's license number issued by the State Contractor's Board 31904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Shel C Fertig
 By driller performing actual drilling on site or contractor
 Date 11-6-95