

OFFICE USE ONLY
 Log No. 49796
 Permit No. _____
 Basin 105

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. 31901

1. OWNER THE HALL TRUST ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 201 MAJOR OR STATELINE _____
NV _____
 2. LOCATION C 1/4 C 1/4 Sec. 23 T 13 W S R. 18 E. DOUGLAS County
 PERMIT NO. old 490 944 Amended 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 Auger

6. LITHOLOGIC LOG mw 1

| Material | Water Strata | From | To | Thickness |
|-----------------------|--------------|------|----|-----------|
| <u>on 7-19-76</u> | | | | |
| <u>I FOUND THE</u> | | | | |
| <u>well in good</u> | | | | |
| <u>condition</u> | | | | |
| <u>I THEN DRILLED</u> | | | | |
| <u>OUT THE CASING</u> | | | | |
| <u>TO 15'</u> | | | | |
| <u>I THEN PRODUCE</u> | | | | |
| <u>GRAVED THE</u> | | | | |
| <u>hole FROM</u> | | | | |
| <u>15' TO 0'</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 15' Feet Depth Cased 15' Feet
 HOLE DIAMETER (BIT SIZE)
 From 8" Inches To 15' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>2"</u> | <u>SCHW</u> | <u>PVC</u> | <u>0</u> | <u>15'</u> |

Perforations:
 Type perforation FACTORY
 Size perforation 0.20
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 15' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 8' feet below land surface
 Artesian flow NA G.P.M. NA P.S.I.
 Water temperature COLD °F Quality NA

Date started 7-19, 1976
 Date completed 7-19, 1976

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Andresen Exploration Drilling Contractor
 Address 1635 BELFORD RD Contractor
Leed NV 89509
 Nevada contractor's license number 34525
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1023
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 8/20/96

RECEIVED
 26 OCT - 9 PM 12:00
 STATE ENGINEERS OFFICE

