

OFFICE USE ONLY
 Log No. 49861
 Permit No. 0495
 Basin 0495

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 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. 32026

1. OWNER BENJAMIN GONZALEZ GORDINA ADDRESS AT WELL LOCATION Nevada
 MAILING ADDRESS 109 PARK RD
ELKO, NV 89801
 2. LOCATION NE 1/4 NW 1/4 Sec. 7 T. 34 N. R. 56 E. ELKO County
 PERMIT NO. LOT 9, Bick H. Unit 3 Parcel No. LAST CHANCE RANCH 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 | Thickness |
|-----------------------|--------------|------|-----|-----------|
| Clay, sand, gravel | | 0 | 27 | 27 |
| Gravel & sand | ✓ | 27 | 29 | 2 |
| Shale - Blue gray | | 29 | 199 | 170 |
| Sandstone soft, black | ✓ | 199 | 219 | 20 |
| Shale | | 219 | 225 | 6 |
| Sand | ✓✓ | 225 | 226 | 1 |
| Shale | | 226 | 229 | 3 |
| Sandstone | ✓✓ | 229 | 232 | 3 |
| Shale | | 232 | 235 | 3 |
| | | T.D. | 235 | |

8. WELL CONSTRUCTION
 Depth Drilled 235 Feet Depth Cased 237 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 50 Feet
 From 8 Inches To 235 Feet
 From _____ Inches To _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>12.92</u> | <u>.180</u> | <u>+2</u> | <u>235</u> |

 Perforations:
 Type perforation Torch cut
 Size perforation 1/2 x 4"
 From _____ feet to _____ feet
 From 190 feet to 230 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 55
 Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 55 feet to 235 feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started 10-5, 1995
 Date completed 10-10, 1995

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|---------------|
| <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>20</u> | <u>100</u> | <u>3 hrs.</u> |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name MUTH DRILLING CO. Contractor
 Address 203 PINE ST, ELKO 89801 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 10819
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 632
 Signed James V. Muth
 By driller performing actual drilling on site or contractor
 Date 11-3-95