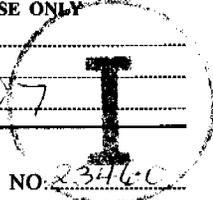


OFFICE USE ONLY
 Log No. 51872
 Permit No. _____
 Basin 107


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. 2346C

1. OWNER S. SIMONSEN / FRAME TECH ADDRESS AT WELL LOCATION LOT 11 - GARMS CIRCLE
 MAILING ADDRESS 1268 CONESTOGA SMITH, NV 89430
MINDEN NV 89423
 2. LOCATION NE 1/4 NE 1/4 Sec 28 T 11 N3 R 24 E LYON County
 PERMIT NO. _____ Parcel No. 09-122-11 Subdivision Name GARMS ESTATES
 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 | Thickness |
|-----------------------|--------------|------|-----|-----------|
| TOP SOIL | | 0 | 12 | |
| BRN CLAY | | 12 | 38 | |
| SANDY BRN CLAY | | 38 | 68 | |
| BLUE CLAY | | 68 | 120 | |
| BRN CLAY SOME GRULS | | 120 | 175 | |
| SOME BRN CLAY / GRULS | WB | 175 | 210 | |
| BRN CLAY | | 210 | 220 | |

8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
9 7/8 Inches 0 Feet 220 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 3/8</u> | | <u>1 8/8</u> | <u>0</u> | <u>220</u> |

Perforations:
 Type perforation FACTORY
 Size perforation 3 1/3 3/2
 From 180 feet to 220 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 220 feet

9. WATER LEVEL
 Static water level 111 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 6-1, 1996
 Date completed 6-4, 1996

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|----------|-------------------------------|--------------|
| <u>8</u> | <u>0 FT</u> | <u>2 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 PHIL BREWSTER / SMITH VALLEY DRILLING Contractor
 Address 83 HUDSON AURORA Contractor
SMITH, NV 89430
 Nevada contractor's license number 41673
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1949
 Division of Water Resources, the on-site driller.
 Signed Phil Brewer
 By driller performing actual drilling on site or contractor
 Date 6 19 96