

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. 31201

1. OWNER Rich Gello ADDRESS AT WELL LOCATION 4025 SANTA FE Drive
 MAILING ADDRESS 1794 Tumbleweed

2. LOCATION SE 1/4 SE 1/4 Sec. 28 T. 19 N/S R. 28 E Churchill County

PERMIT NO. 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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------|--------------|------|-----|------------|
| Brown Sand | | 0 | 17 | 17 |
| Brown Clay | | 17 | 20 | 3 |
| Brown Sands | X | 20 | 45 | 25 |
| Grey Sands | | 45 | 79 | 34 |
| Black Silts/Clay | | 79 | 100 | 31 |
| Grey Sands | | 100 | 125 | 25 |
| Grey Clay | | 125 | 130 | 5 |
| Brown Sands | Y | 130 | 145 | 15 |

8. WELL CONSTRUCTION
 Depth Drilled 145 Feet Depth Cased 145 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 50 Feet
6 1/8 Inches 50 Feet 145 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 2 9/8 | | | | |
| <u>6 3/4</u> | <u>12.9</u> | <u>1/8</u> | <u>+1</u> | <u>145</u> |

Perforations:
 Type perforation Machine cut
 Size perforation .080
 From 138 feet to 143 feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 14' 4" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 100.1 °F Quality OK

Date started 12-19, 1995
 Date completed 12-20, 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|--------------|
| <u>35</u> | | <u>1 hr</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WELSON CORP Contractor
 Address 335 N BROADWAY Contractor
FALCON
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1996
 Signed Jesus Marinichuen
 By driller performing actual drilling on site or contractor
 Date 12-20-95