

CUSTOMER: SCHUTTS

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 63862
Permit No. _____
Basin. _____

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. 33332

1. OWNER H4 KASHEBA Rosenberg ADDRESS AT WELL LOCATION Angel + Banner
MAILING ADDRESS NW NE Silver Springs, NV
2. LOCATION S 1/4 NE 1/4 Sec 31 T. 18 N/S R. 25 County _____
PERMIT NO. 18-533-05 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 Mud

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------|--------------|------------|------------|------------|
| <u>Clay</u> | | <u>0</u> | <u>12</u> | <u>12</u> |
| <u>Clay, San</u> | | <u>12</u> | <u>23</u> | <u>11</u> |
| <u>Clay</u> | | <u>23</u> | <u>106</u> | <u>84</u> |
| <u>Gravel</u> | | <u>106</u> | <u>117</u> | <u>11</u> |

8. WELL CONSTRUCTION
Depth Drilled 117 Feet Depth Cased 118 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 1/8 Inches 1 Feet 118 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>10 1/8</u> | <u>13</u> | <u>1.88</u> | <u>1</u> | <u>118</u> |

Perforations:
Type perforation 3/16 Tor
Size perforation 1/16 x 1/16 x 1/16
From 110 feet to 118 feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 50 feet to 117 feet

9. WATER LEVEL
Static water level 26 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 60 °F Quality Good

Date started 6/21/96, 19_____
Date completed 6/23/96, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------------|-------------------------------|--------------|
| <u>60-65</u> | <u>2 1/2</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 Jason Decker Contractor
Address 20 399 Contractor
25 NW 82425
Nevada contractor's license number issued by the State Contractor's Board 0031211
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1874
Signed Jason Decker
By driller performing actual drilling on site or contractor
Date 6/25/96