

PRINT OR TYPE ONLY
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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. 28214

1. OWNER THANE HAMMOND ADDRESS AT WELL LOCATION 4665 Country River
MAILING ADDRESS 1780 LATHIN RD

2. LOCATION NW 1/4 SW 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 | 15 | 15 |
| Brown clay | | 15 | 19 | 4 |
| Brown sand | X | 19 | 40 | 21 |
| Grey sands | | 40 | 80 | 40 |
| Brown sands | | 80 | 95 | 15 |
| Grey sands/clay | | 95 | 125 | 30 |
| Grey clay | | 125 | 130 | 5 |
| Brown silt | | 130 | 140 | 10 |
| Brown clay | | 140 | 143 | 3 |
| Grey sands | | 143 | 150 | 7 |
| Grey clay | | 150 | 152 | 2 |
| Brown sands | X | 152 | 160 | 8 |

8. WELL CONSTRUCTION
Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|---------------|------|-----|
| 10 3/4 Inches | 0 | 50 |
| 6 1/8 Inches | 50 | 160 |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.9 | 7/8 | +1 | 160 |

Perforations:
Type perforation machine cut
Size perforation 080
From 153 feet to 158 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 _____ feet to _____ feet

9. WATER LEVEL
Static water level 9' 5" feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cool °F Quality ok

Date started 4-2, 1996
Date completed 4-2, 1996

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 checked="" type="checkbox"/> Air Lift | <u>25</u> | | <u>1</u> |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name WELSCO CORP Contractor
Address 335 N Broadway Contractor
Fallon
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 Manzanera
By driller performing actual drilling on site or contractor
Date 4-2-96