

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. 31954

1. OWNER Mitch V. Casteel ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 2930 Hawk _____
Carson City, NV 89704 same
2. LOCATION SE 1/4 SE 1/4 Sec. 31 T 17N N/S R. 20 E Washoe County _____
PERMIT NO. 50-407-09 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 & White sand w/ occasional green clay | | 83 | 120 | 37 |
| Brown rock | | 120 | 122 | 2 |
| White & Gray sands | | 122 | 140 | 18 |
| Brown rock | | 140 | 141 | 1 |
| White & gray sand | | 141 | 145 | 4 |
| Lost returns, but probably brown sands | xx | 145 | 167 | 22 |
| Top of liner 62'. | | | | |

8. WELL CONSTRUCTION
Depth Drilled 167 Feet Depth Cased 167 Feet
HOLE DIAMETER (BIT SIZE)
From To
6 1/8 Inches 83 Feet 167 Feet
Inches Feet Feet
Inches Feet Feet
CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 5 | 10.79 | .188 | 62 | 167 |

Perforations:
Type perforation Factory
Size perforation 3/32 x 3 single row
From 147 feet to 167 feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
Depth of Seal _____
Placement Method: Pumped Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 51 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cold °F Quality not known

Date started 2-6 19 96
Date completed 2-6 19 96

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift | 15 | <u>75</u> | 2 hrs |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name MacKay Pump & Geothermal, Inc. Contractor
Address 1600 Mt. Rose Hwy Contractor
Reno, NV 89511
Nevada contractor's license number 23096
issued by the State Contractor's Board
Nevada driller's license number issued by the 1719
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 2-20-96