

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. 27245

1. OWNER GEORGE MAGER ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 400 Descanso _____
Sparks, Nevada 89436 _____
 2. LOCATION SW 1/4 SW 1/4 Sec. 1 T. 21N N/S R. 20 E Washoe County
 PERMIT NO. 076-281-05 _____
 Issued by Water Resources Parcel No. _____
 Subdivision Name Spanish Springs

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 |
|---|--------------|------|-----|-----------|
| WELL DEEPENING - NO GO. | | | | |
| Set up over existing well casing. | | | | |
| Run tools to bottom of well. Fill | | 340 | 352 | |
| Encountered steel in bottom of well, can not drill through. | | | | |
| Well put back in service as is. | | | | |
| Yield approxi mate 4 GPM with air | | | | |

8. WELL CONSTRUCTION
 Depth Drilled NONE Feet Depth Cased NONE Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 1/8 Inches To 352 Feet Fill only
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

9. WATER LEVEL
 Static water level 305 feet below land surface
 Artesian flow _____ G.P.M. 4 P.S.I.
 Water temperature cold °F Quality clear

Date started 2-2-95, 19____
 Date completed 2-3-95, 19____

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>4</u> | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510
 Nevada contractor's license number 22549
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 923
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date February 10, 1995