

OFFICE USE ONLY
Log No. 64860
Permit No. _____
Basin 104

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. 30016

1. OWNER Silver Oaks Development ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 30375 College Drive On the east side of North Ormsby Dr.
Carson City, NV. 89703 Carson City, NV.
2. LOCATION SE 1/4 NW 1/4 NW 1/4 Sec 7 T 15 Q/S R 20 E Carson 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 |
|---|--------------|------|----|------------|
| After removal of old windmill pump from well, we measured the depth of the 2" casing at 103.3'. We tried unsuccessfully to remove the 2" pipe from the 4" casing. We then installed 105' of 1" tremme pipe into the 2" casing and pumped in approximately 1/4 yd. of neat cement. The 4" casing also filled with cement during pumping. | | | | |
| Static water level was measured at 78' | | | | |
| <i>Plugging of Log #998 (?)</i> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| Inches | Feet | Feet |
|------------|----------|-------|
| From _____ | To _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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
From _____ feet to _____ feet
From _____ feet to _____ feet
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

Date started 1-30, 1997
Date completed 1-30, 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

9. WATER LEVEL

Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Carson Pump Contractor
Address 1401 North Roof St. Contractor
Carson City, NV. 89701
Nevada contractor's license number issued by the State Contractor's Board 39920
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1482
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 2/3/1997