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 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. 18015

1. OWNER JACK ERANOSIAN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 109 _____
HAYDEN NV 89403 _____
 2. LOCATION 1/4 SE 1/4 Sec. 17 T. 17 N/S R. 23 E. Lyon County
 PERMIT NO. _____ Issued by Water Resources 15 3A Parcel No. - 11 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 |
|---------------|--------------|------|-----|------------|
| Top Soil | | 0 | 3 | 3 |
| Brown Clay | | 3 | 58 | 55 |
| SAND & GRAVEL | X | 58 | 65 | 7 |
| Brown Clay | | 65 | 87 | 22 |
| SAND & GRAVEL | X | 87 | 95 | 8 |
| Black Clay | | 95 | 113 | 18 |
| SAND & GRAVEL | X | 113 | 150 | 37 |

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 0 Feet 55 Feet
8 Inches 0 Feet 150 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>8 3/8</u> | <u>18.11</u> | <u>.188</u> | <u>0</u> | <u>150</u> |

Perforations:
 Type perforation FACTORY SLOTS
 Size perforation 3/32
 From 12.0 feet to 14.0 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 42 feet below land surface
 Artesian flow N/A G.P.M. _____ P.S.I. _____
 Water temperature COLD °F Quality UNKNOWN

Date started 25 Oct, 1996
 Date completed 31 Oct, 1996

7. WELL TEST DATA

| TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
|---|-------------------------------|--------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| <u>25+</u> | <u>10</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 GARNES Well Drilling Contractor
 Address 2537 HARRY CIR. Contractor
CARSON CITY NV 89706
 Nevada contractor's license number #30040 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1634
 Signed Bobby R Barnes
 By driller performing actual drilling on site or contractor
 Date 31 Oct 96