

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 67968
 Permit No. _____
 Basin 049

I

NOTICE OF INTENT NO. 26427

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Frank Drake ADDRESS AT WELL LOCATION Block 17 Lot 1
 MAILING ADDRESS 86 Garcia Lane
Elko NV

2. LOCATION NW 1/4 SE 1/4 Sec. 33 T. 35 S. R. 55 E. Elko County
 PERMIT NO. 37-017-01-9 MUR # 5

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 |
|---------------------|--------------|------|-----|------------|
| TOP Soil | | 0 | 2 | 2 |
| Cobbles | | 2 | 5 | 3 |
| Sandstone | | 5 | 67 | 62 |
| Cemented gravel | | 67 | 85 | 18 |
| Sandstone | X | 85 | 289 | 284 |
| Lime stone | | 289 | 543 | 254 |
| Fractured limestone | X | 543 | 567 | 24 |
| Lime stone | | 567 | 570 | 3 |

8. WELL CONSTRUCTION
 Depth Drilled 570 Feet Depth Cased 570 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 570 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6</u> | | <u>188</u> | <u>0</u> | <u>570</u> |

Perforations:
 Type perforation Face
 Size perforation _____
 From 500 feet to 525 feet
 From 545 feet to 565 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 50 feet to 570 feet

9. WATER LEVEL
 Static water level 133 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started May 27 1997
 Date completed June 2 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------|-------------------------------|--------------|
| <u>40+</u> | <u>77</u> | <u>5</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Staco well services Contractor
 Address P.O. Box 10 Contractor
Elko NV
 Nevada contractor's license number issued by the State Contractor's Board 0038169
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1438
 Signed Shor Bennett
 By driller performing actual drilling on site or contractor
 Date June 2 - 97