

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 68309
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 35868

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Phil Regli
 MAILING ADDRESS 1240 Soda Lake Rd
Fallon, NV 89406
 ADDRESS AT WELL LOCATION 5630 Riversedge Dr, Fallon, NV 89406
 2. LOCATION SE 1/4 NW 1/4 Sec. 29 T 19N N/S R 28E E Churchill County
 PERMIT NO. 8-551-31 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 Sand | | 0 | 11 | 11 |
| Coarse Brown Sand | | 11 | 26 | 15 |
| Sand | | 26 | 29 | 3 |
| Sandy Clay | | 29 | 48 | 19 |
| Gray Clay | | 48 | 51 | 3 |
| Gray Sand | | 51 | 68 | 17 |
| Brown Clay | | 68 | 69 | 1 |
| Brown Sand | X | 69 | 75 | 6 |

8. WELL CONSTRUCTION
 Depth Drilled 75 Feet Depth Cased 75 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 75 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.92 | .188 | 0 | 75 |

Perforations:
 Type perforation mill Cut
 Size perforation 1/8
 From 72 feet to 75 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 75 feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Parsons Drilling, Inc. Contractor
 Address P.O. Box 1265 Contractor
Fallon, NV 89407-1265

Date started 12/19/97 96 , 19
 Date completed 12/19/97 96 , 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 | | | |

Nevada contractor's license number issued by the State Contractor's Board 29064
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753
 Signed Wilson
 By Driller performing actual drilling on-site or contractor
 Date 3-19-97

Plugged by well log 124204 / Replaced by well log 124205