

OFFICE USE ONLY
 Log No. 69188
 Permit No. _____
 Basin. 1102
 NOTICE OF INTENT NO. 35225

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

1. OWNER Donald + Paul Eagles ADDRESS AT WELL LOCATION 1385 Hooten Silver Springs, Nevada
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NW 1/4 Sec 13 T. 17 N/S R. 24 E. Lyon County
 PERMIT NO. N/A Parcel No. 17-253-04 Subdivision Name Talapoosa Estates
 Issued by Water Resources

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 well

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---------------------------------|--------------|------------|------------|------------|
| <u>Dirt</u> | | <u>0</u> | <u>6</u> | <u>6</u> |
| <u>Dirt and Boulders</u> | | <u>6</u> | <u>46</u> | <u>40</u> |
| <u>Clay</u> | | <u>46</u> | <u>97</u> | <u>51</u> |
| <u>Black Shale</u> | | <u>97</u> | <u>203</u> | <u>106</u> |
| <u>Black Shale with Gracles</u> | | <u>203</u> | <u>240</u> | <u>37</u> |

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 7/8 Inches To 6 Feet
 From 7 7/8 Inches To 240 Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>13.00</u> | <u>3/16</u> | <u>1</u> | <u>240</u> |

Perforations:
 Type perforation Touch Cat
 Size perforation 1 1/2" long 7 rows
 From 220 feet to 240 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 240 feet

9. WATER LEVEL
 Static water level 146 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4-21, 1997
 Date completed 4-23, 1997

7. WELL TEST DATA

| TEST METHOD: | <input type="checkbox"/> Bailer | <input type="checkbox"/> Pump | <input type="checkbox"/> Air Lift |
|------------------|---------------------------------|-------------------------------|-----------------------------------|
| <u>30</u> G.P.M. | | | |
| | Draw Down (Feet Below Static) | | Time (Hours) |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Teach Drilling Inc Contractor
 Address PO Box 577 Silver Springs NV, 89409 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0031891
 Nevada driller's license number issued by the Division of Water Resources; the on-site driller 1877
 Signed Michael Teach TR
 By driller performing actual drilling on site or contractor
 Date 4-24-97