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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. 26303

1. OWNER David Harnsby ADDRESS AT WELL LOCATION 5370 Peckie Lane Elko NV 89801
 MAILING ADDRESS 1392 Chaparral Elko NV 89801
 2. LOCATION SE 1/4 NE 1/4 Sec 7 T 34 R 55 E Elko County
 PERMIT NO. 206-09B-052 Parcel No. Reckhard 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 |
| caliche | | 2 | 4 | 2 |
| cobbles | | 4 | 8 | 4 |
| clay sand | | 8 | 37 | 29 |
| conglomerate | | 37 | 142 | 105 |
| sand stone | | 142 | 201 | 59 |
| lost circulation | | 201 | 327 | 126 |
| sandstone clay | | 327 | 382 | 55 |
| sandstone | X | 382 | 457 | 75 |
| clay sandstone | | 457 | 465 | 8 |

8. WELL CONSTRUCTION
 Depth Drilled 465 Feet Depth Cased 465 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 465 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>465</u> |

Perforations:
 Type perforation Fac
 Size perforation
 From 375 feet to 415 feet
 From 435 feet to 455 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 465 feet

9. WATER LEVEL
 Static water level 352 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 Steve well services Contractor
 Address P.O. Box 10 Contractor
Elko NV 89801
 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 Shane Bennett
 By driller performing actual drilling on site or contractor
 Date NOV-12-97

Date started NOV 12, 1997
 Date completed NOV 14, 1997

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|------------|-------------------------------|--------------|
| <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>207</u> | <u>0</u> | <u>2</u> |

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