

OFFICE USE ONLY
 Log No. 70393
 Permit No. 1024
 Basin. 29644

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. 29644

1. OWNER Paul Langben ADDRESS AT WELL LOCATION Same
 MAILING ADDRESS 9505 via Catalina Silver Spring
 2. LOCATION NW 1/4 SE 1/4 Sec. 25 T. 17 N. R. 24 E. Lyon County Mojave
 PERMIT NO. 17-545-02 Parcel No. 17-545-02 Subdivision Name Mojave

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 | Thickness |
|----------------------|--------------|------|-----|-----------|
| Sand | | 0 | 4 | 4 |
| Clay | | 4 | 20 | 16 |
| Silt | | 20 | 22 | 2 |
| Clay | | 22 | 28 | 6 |
| Sand & Gravel | | 28 | 32 | 4 |
| Clay & Silt | | 32 | 45 | 13 |
| Sand | | 45 | 46 | 1 |
| Clay & Silt | | 46 | 56 | 10 |
| Coarse Sand | | 56 | 79 | 23 |
| Clay | | 79 | 80 | 1 |
| Coarse Sand | red | 80 | 100 | 20 |
| Silt | | 100 | 102 | 2 |
| Coarse Sand & Gravel | | 102 | 105 | 3 |
| Coarse Sand | | 105 | 115 | 10 |

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8. WELL CONSTRUCTION
 Depth Drilled 115 Feet Depth Cased 115 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 52 Feet
 From 6 Inches To 115 Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>13.77</u> | <u>.188</u> | <u>0</u> | <u>115</u> |

16' above ground
 Perforations:
 Type perforation machined
 Size perforation 1 1/8 x 3
 From 113 feet to 105 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 52 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 38' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started 1/18 1998
 Date completed 1/28 1998

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>30</u> | <u>12</u> | <u>4</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Vernon Cannon Contractor
 Address 4555 Hwy 50 W Contractor
Silver Spring, NV 89429
 Nevada contractor's license number issued by the State Contractor's Board 23317
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1455
 Signed Vernon Cannon Jr.
 By driller performing actual drilling on site or contractor
 Date 2/4/98