

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

OFFICE USE ONLY
 Log No. 71468
 Permit No. _____
 Basin 69

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

NOTICE OF INTENT NO. 38401

1. OWNER BLM-Winnemucca Field Office ADDRESS AT WELL LOCATION Tollhouse Well
 MAILING ADDRESS 5100 E. Winnemucca Blvd. Winnemucca, NV 89445

2. LOCATION NW 1/4 NE 1/4 Sec. 2 T 37N N/S R 38E E Humboldt County
 PERMIT NO. _____ 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 |
|--|--------------|------|----|------------|
| Unable to pull casing | | | | |
| Cleaned out well of wood rock & trash from 22 to 63 ft. | | | | |
| Filled with 3/8 granular bentonite hydrated with clear water from 63 to 50 ft. | | | | |
| Filled with concrete grout from 50ft. to surface | | | | |

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 | | .125 | | |

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 63 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 Humboldt Drilling & Pump Co., Inc. Contractor
 Address 4675 W. Winnemucca Blvd Contractor
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board 015234
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1562
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 12-1-97

Date started 11/13/97, 19____
 Date completed 11/13/97, 19____

7. WELL TEST DATA

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