

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 71832
 Permit No. 101
 Basin _____

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. 35872

1. OWNER A.J. Maderos ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2425 Lima Lane 2425 Lima lane, Fallon, NV 89406
 Fallon, NV 89406
 2. LOCATION NW 1/4 SW 1/4 Sec. 3 T 18N N/S R 28E E Churchill County
 PERMIT NO. 6-231-21 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 | 18 | 18 |
| Brown Clay | | 18 | 20 | 2 |
| Brown Sand | | 20 | 25 | 5 |
| Gray Sand | | 25 | 32 | 7 |
| Gray Clay | | 32 | 34 | 2 |
| Brown Sand | X | 34 | 40 | 6 |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 40 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 5/8</u> | <u>12.92</u> | <u>.188</u> | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8
 From 37 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 30 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 30 feet to 40 feet

9. WATER LEVEL
 Static water level 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality unknown

Date started 4/21/97, 19____
 Date completed 4/21/97, 19____

7. WELL TEST DATA

| TEST METHOD: | Draw Down (Feet Below Static) | Time (Hours) |
|--|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>95</u> G.P.M. | <u>1 hr.</u> |

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
 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 Wagon
 By driller performing actual drilling on-site or contractor
 Date 5-11-98