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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. 37754

1. OWNER Jerry & Sharon Poe ADDRESS AT WELL LOCATION 445 Desert Sun
 MAILING ADDRESS 12245 Jean Way Reno, Nevada 89506
 2. LOCATION NW 1/4 NW 1/4 Sec. 7 T. 23 N/S R. 19 EAST WASHOE County
 PERMIT NO. 79-382-47 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 D.G. | | 0 | 2 | 2 |
| Brown clay | | 2 | 4 | 2 |
| Fine Light brown sand | | 4 | 15 | 11 |
| Brown clay | | 15 | 25 | 10 |
| Brown clay with weathered granite | | 25 | 40 | 15 |
| Weathered granite soft | X | 40 | 230 | 190 |
| Weathered granite w/gray clay | X | 230 | 295 | 65 |
| T.D. | | 295 | | |

8. WELL CONSTRUCTION
 Depth Drilled 295 Feet Depth Cased 295 Feet

HOLE DIAMETER (BIT SIZE)
 Front To
1.0 5/8 Inches 0 Feet 295 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | | .202 | +1 1/2 | 295 |

Perforations:
 Type perforation Factory Sawn
 Size perforation 3/32" X 3"

From 215 feet to 235 feet
 From 255 feet to 275 feet
 From _____ feet to _____ 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 295 feet to 50 feet

9. WATER LEVEL
 Static water level 75 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

Date started May 11, 19 98
 Date completed May 12, 19 98

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 15 | | 3 hrs |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name A.S.A.P. Pump & Well Service Inc. Contractor
 Address P.O. Box 60130 Contractor
Reno, NV 89506
 Nevada contractor's license number issued by the State Contractor's Board 35387-A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2066
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date May 13, 1998