

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

OFFICE USE ONLY
 Log No. 71915
 Permit No. 101
 NOTICE OF INTENT NO. 39015

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

1. OWNER KOPAS KONSTRUCTION ADDRESS AT WELL LOCATION 3990 SANTA FE, Fallon NV
 MAILING ADDRESS 5105 SANDALWOOD
FALLON, NV 89406
 2. LOCATION SE 1/4 SE 1/4 Sec. 28 T 19 N/S R 28 E CHURCHILL County
 PERMIT NO. 8-401-22 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 | Thickness |
|-----------------|--------------|------|-----|-----------|
| BROWN SAND | | 0 | 16 | 16 |
| BROWN CLAY | | 16 | 19 | 3 |
| BROWN SAND | | 19 | 30 | 11 |
| GREY SAND | | 30 | 50 | 20 |
| BLACK SILT/CLAY | | 50 | 75 | 25 |
| GREY SAND | | 75 | 91 | 16 |
| GREY CLAY | | 91 | 94 | 3 |
| BLACK SAND | X | 94 | 106 | 12 |

8. WELL CONSTRUCTION
 Depth Drilled 106 Feet Depth Cased 106 Feet
 HOLE DIAMETER (BIT SIZE)

| Inches | From | Feet | To | Feet |
|---------------|-----------|------------|----|------|
| <u>10 3/4</u> | 0 | <u>50</u> | | |
| <u>6 1/4</u> | <u>50</u> | <u>106</u> | | |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>12.9</u> | <u>.188</u> | <u>+1</u> | <u>106</u> |

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080
 From 99 feet to 104 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 14.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNTESTED

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welsco Drilling Corp. Contractor
 Address 305 E. WILLIAMS AVE. P. O. BOX 888 Contractor
FALLON, NV 89407
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1996
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 4-30-98

Date started 4/10/98 19____
 Date completed 4/10/98 19____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>30</u> | | <u>1 hr.</u> |

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