

OFFICE USE ONLY
 Log No. 72731
 Permit No. 24
 Basin 24

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 1029813

1. OWNER Michael B. Stewart ADDRESS AT WELL LOCATION Orient Farms
 MAILING ADDRESS P.O. Box 40 25 Mi. N Gerlach Highway 34 Humboldt Basin
Empire NV 89405

2. LOCATION SW 1/4 NE 1/4 Sec. 36 T. 35 N/S R. 23 E. Washoe 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
Top soil		0	15	15
Brn-Med. Sand		15	25	10
Brn & Red gravel		25	30	5
Sm Brn Gravel - Cobble sand		30	45	15
Grey Gravel		45	65	20
Fine sand - visc. to High for sample		65	105	40
Clay - Red sandy Gravel		105	120	15
Grey silt - Sm Gravel		120	150	30
Grey sand - Volcanic Rock		150	190	40
Vol. Multi Colored Rock		190	245	55
Grey silt - Fine sand		245	295	50
Clay w/ Brn silt		295	315	20

8. WELL CONSTRUCTION
 Depth Drilled 315 Feet Depth Cased 315 Feet
 HOLE DIAMETER (BIT SIZE)
 From 15 Inches To 315 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>		<u>.188</u>	<u>0</u>	<u>315</u>

Perforations:
 Type perforation Factory Slot
 Size perforation 8 Rows 7-32
 From 315 feet to 102 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 315 feet to 50 feet

9. WATER LEVEL
 Static water level 168 feet below land surface
 Artesian flow NO G.P.M. P.S.I.
 Water temperature Cold °F Quality Good

Date started 8-15, 1998
 Date completed 8-22, 1998

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>100-150</u>	<u>N/A</u>	<u>2 HRS w/ Air Compressor</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Empire Group LLC Contractor
 Address P.O. Box 40 Contractor
Empire NV 89405
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2052
 Signed Mark Espino
 By driller performing actual drilling on site or contractor
 Date 9-17-98