

OFFICE USE ONLY
 Log No. 74877
 Permit No. _____
 Basin. 104

PRINT OR TYPE ONLY
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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. 38877

1. OWNER The Accurate Companies ADDRESS AT WELL LOCATION 410 Arrowhead Dr Carson City NV 89701
 MAILING ADDRESS 59 Conroy Island DR SPARKS NV 89431

2. LOCATION ME NW NE 1/4 Sec 6 T 15 S R 20 E CARSON County Carson
 PERMIT NO. 008595-08-052-12 Parcel No. Arrowhead Project Subdivision Name Feagle Valley Vistz Sub

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 |
|--|--------------|------|----|------------|
| Dept of old 8" well was 140' | | | | |
| Tapped All the way to Bottom and cleaned out | | | | |
| Reforated 4 Rows from Top to Bottom | | | | |
| Treeming Pipe to Bottom and Pumped | | | | |
| Neat Cement to Surface | | | | |

8. WELL CONSTRUCTION
 Depth Drilled N/A Feet Depth Cased N/A Feet

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

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>N/A</u> | | | | |

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to N/A feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured N/A

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 25 feet below land surface
 Artesian flow _____ G.P.M. 00 P.S.I.
 Water temperature Cold °F Quality Good

Date started 2-22, 1999
 Date completed 2-26, 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|------------|-------------------------------|--------------|
| <u>N/A</u> | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Capital City Well Drilling
 Address 20 Kit Kat Drive Carson City NV 89706

Nevada contractor's license number issued by the State Contractor's Board 41775
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905

Signed Michael Haek
 By driller performing actual drilling on site or contractor
 Date 2-28-99