

OFFICE USE ONLY
 Log No. 78746
 Permit No. 107
 Basin 107

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. 40791

1. OWNER Nathan Davidson ADDRESS AT WELL LOCATION 21 Cardinal Lane
 MAILING ADDRESS Smith Valley
 2. LOCATION 1/4 SF 1/4 Sec 9 T 11 N/S R. 23 E. Wyon County
 PERMIT NO. 010-231-05 Issued by Water Resources Parcel No. 10-231-05 Subdivision Name Smith Valley

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 Mud

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|------------------------|--------------|------------|------------|-----------|
| <u>D. G</u> | | <u>0</u> | <u>3</u> | |
| <u>Boulders Gravel</u> | | <u>3</u> | <u>137</u> | |
| <u>D. G Gravel</u> | | <u>137</u> | <u>224</u> | |
| <u>D. G Boulders</u> | | <u>224</u> | <u>255</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 255 Feet Depth Cased 255 Feet
 HOLE DIAMETER (BIT SIZE)
105/16 Inches From 0 Feet To 255 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>65/16</u> | <u>13.00</u> | <u>5/16</u> | <u>0</u> | <u>20</u> |
| <u>65/16</u> | <u>3.00</u> | <u>5/16</u> | <u>20</u> | <u>255</u> |

Perforations:
 Type perforation Soil Saw
 Size perforation 1 1/4 x 6 long 8 rows
 From 255 feet to 255 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 0-50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 255 feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Inc Contractor
 Address PO Box 599 Contractor
Silver Springs NV 89109
 Nevada contractor's license number 0031841
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1877
 Division of Water Resources, the onsite driller
 Signature [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-3-79

Date started 9-1 1979
 Date completed 9-3 1979

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------------|-------------------------------|--------------|
| <u>6 P M</u> | <u>30</u> | |