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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. 40058

1. OWNER Alyson Ostens ADDRESS AT WELL LOCATION 4005 S Harmon Rd
 MAILING ADDRESS Fallon, NV
 2. LOCATION SW 1/4 NW 1/4 Sec 13 T 18 N/S R. 29 E Churchill County
 PERMIT NO. 006-652-05 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
<u>SAND</u>		<u>0</u>	<u>45</u>	<u>45</u>
<u>Black clay</u>		<u>45</u>	<u>95</u>	<u>50</u>
<u>CLAY</u>		<u>95</u>	<u>100</u>	<u>5</u>
<u>sand</u>		<u>100</u>	<u>103</u>	<u>3</u>

8. WELL CONSTRUCTION
 Depth Drilled 103 Feet Depth Cased 103 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 103 Feet
 Inches Feet Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>3.2</u>	<u>1.280</u>	<u>0</u>	<u>103</u>

Perforations:
 Type perforation SLOTS
 Size perforation 1/8 x 3"
 From 100 feet to 103 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 100 feet to 105 feet

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name FARRIS DRILLING Contractor
 Address PO Box 5305 Contractor
Fallon NV 89407
 Nevada contractor's license number 43145
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2082
 Signed [Signature]
 by driller performing actual drilling on site or contractor
 Date 2-25-00

Date started 1-20-2000
 Date completed 1-21-2000

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>15</u>	<u>4</u>	<u>9</u>	