

OFFICE USE ONLY
 Log No. 82004
 Permit No. _____
 Basis 1 49

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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. 31529

1. OWNER WINNEMUCCA FARMS INC. ADDRESS AT WELL LOCATION FEEDLOT Rd
 MAILING ADDRESS ONE POTATO PLACE 2mi EAST 1mi N
WINNEMUCCA, NV 89445 WELL #44A
 2. LOCATION NE 1/4 NE 1/4 Sec 26 T 38 S R 38 E HUMBOLDT County
 PERMIT NO. 31141, 31142, 34006
 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
RIVERSIDE PERFORATED ALL BLANK CASINGS EVERY FOOT FROM BOTTOM TO TOP.				
HAD TO BAIL OUT 8' OF MATERIAL "SAND". PUMPED A TOTAL OF 33,000 # OF BENTONITE 25% TO 30% SOLIDS TO WITHIN 30' OF TOP. CEMENTED TO TOP.				
NOTED DID NOT PERFORATE TOP 50'				
② USED MILLS KNIFE SIZE 3/4" X 2"				
③ DEATH OF WELL 492'				

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

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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

Date started 3-22 2800
 Date completed 2-28 162000

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name RIVERSIDE INC Contractor
 Address PO Box 720 Contractor
PARMA, ID 83660
 Nevada contractor's license number issued by the State Contractor's Board 44881
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1919
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 4-17-00