

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

OFFICE USE ONLY
 Log No. 81066
 Permit No. _____
 Basin FL
 NOTICE OF INTENT NO. 4094

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER KENT JOHNS ADDRESS AT WELL LOCATION METROPOLIS ROAD
 MAILING ADDRESS P.O. BOX 672
WELLS, NV 89835
 2. LOCATION SW 1/4 SW 1/4 Sec. 34 T 38N N/S R 62 E ELKO County
 PERMIT NO. 008350010 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
LOAM		0	8	8
CLAY		8	18	10
GRAVEL	X	18	20	2
SANDSTONE		20	30	10
GRAVEL	X	30	31	1
CLAY/SAND		31	134	103
SAND & GRAVEL	X	134	146	12

8. WELL CONSTRUCTION
 Depth Drilled 146 Feet Depth Cased 146 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 146 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 5/8</u>	<u>12.92</u>	<u>188</u>	<u>+1</u>	<u>146</u>

Perforations:
 Type perforation MILL SLOT
 Size perforation 3/16" X 3"
 From 125 feet to 146 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 54 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54 feet to 146 feet

9. WATER LEVEL
 Static water level FLOWING feet below land surface
 Artesian flow 5 G.P.M. 8 P.S.I.
 Water temperature COLD °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 Fertig Drilling Company Contractor
 Address P.O. BOX 525 Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 0031904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed [Signature]
 By driller performing actual drilling/on-site or contractor
 Date 8-14-06

Date started 7/23/00 19____
 Date completed 7/25/00 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift Draw Down (Feet Below Static)	<u>50</u>	<u>4 HR</u>