

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

OFFICE USE ONLY
 Log No. 93350
 Permit No. _____
 Basin 48

NOTICE OF INTENT NO. **45375**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

1. OWNER **MARK LORENZO**
 MAILING ADDRESS **HC 30, BOX 30**
ELKO, NV 89803

ADDRESS AT WELL LOCATION
386 MCKENZIE WAY, LOT 2, BLOCK D

2. LOCATION **SW 1/4 SW 1/4 Sec. 35 T 34N N/S R 56E E ELKO** County
 PERMIT NO. **006310019** Parcel No. **SAGE LAKE** 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 |
|-------------------|--------------|------|-----|------------|
| CLAY & SANDY LOAM | | 0 | 74 | 74 |
| HARDPAN | | 74 | 138 | 64 |
| GRAVEL | X | 138 | 139 | 1 |
| CLAY | | 139 | 148 | 9 |
| SAND & GRAVEL | X | 148 | 172 | 24 |

8. WELL CONSTRUCTION
 Depth Drilled **172** Feet Depth Cased **172** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches **0** Feet **172** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 6 5/8 | 12.92 | 188 | +2 | 172 |

Perforations:
 Type perforation **MILL SLOT**
 Size perforation **3/16" X 3"**

From **151** feet to **172** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **52** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **52** feet to **172** feet

Date started **11/19/00** 19____
 Date completed **11/20/00** 19____

9. WATER LEVEL
 Static water level **75** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality _____

7. WELL TEST DATA

| TEST METHOD: | Bailer Draw Down (Feet Below Static) | Pump Time (Hours) | Air Lift |
|--------------|--------------------------------------|-------------------|-------------------------------------|
| 45 | | 2.5 HRS | <input checked="" type="checkbox"/> |

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 *Mark Lorenzo*
 By driller performing actual drilling on-site or contractor
 Date **11-22-00**