

OFFICE USE ONLY
 Log No. 86038
 Permit No. _____
 Basin. 102

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. 46285

1. OWNER Tom Thompson ADDRESS AT WELL LOCATION 1665 E. 4th St SILVER SPRINGS, NV
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SE 1/4 Sec 7 T 17 N/S R 25 E LYON County
 PERMIT NO. 17-153-03 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 |
|-------------------|--------------|------|-----|------------|
| SAND | | 0 | 65 | 65 |
| SANDY GRAY CLAY | | 65 | 80 | 15 |
| MEDIUM GRAVEL | X | 80 | 85 | 5 |
| THICK STICKY CLAY | | 85 | 115 | 30 |
| SANDY CLAY-GRAVEL | | 115 | 130 | 15 |
| MEDIUM GRAVEL | X | 130 | 150 | 20 |

8. WELL CONSTRUCTION
 Depth Drilled 150 Feet Depth Cased 150 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 150 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>14</u> | <u>.188</u> | <u>+1</u> | <u>150</u> |

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" x 3"
 From 140 feet to 150 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 55 feet to 150 feet

9. WATER LEVEL
 Static water level 6.8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 1 APR 02
 Date completed 1 APR 02

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|------------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>254</u> | | <u>1.5</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Blain Drilling & Pump Co.
P.O. Box 1255
 Address Carson City, NV 89702
 Nevada contractor's license number issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Dotson
 By driller performing actual drilling on site or contractor
 Date 4/6/02

RECEIVED
 02 APR 0 PM 3 58
 CIVIL ENGINEERING OFFICE