

OFFICE USE ONLY
 Log No. 87785
 Permit No. I 101
 Basin. I
 NOTICE OF INTENT NO. 51228

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

1. OWNER SPRING VALLEY MANAG. ADDRESS AT WELL LOCATION 1105 TAYLOR PL
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 35 T. 19 S. R. 28 E. C. HURCHILL County
 PERMIT NO. 67058 Issued by Water Resources Parcel No. 008-811-20 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	40	40
Clay		40	45	5
Sand		45	65	20
Clay		65	75	10
Sand		75	105	30

8. WELL CONSTRUCTION
 Depth Drilled 105 Feet Depth Cased 105 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 105 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>.280</u>	<u>0</u>	<u>105</u>

Perforations:
 Type perforation 5 SHOTS
 Size perforation 1/8 x 3
 From 102 feet to 105 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 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 13 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality UNKNOWN

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 P.O. Box 5205 Contractor
FALLON NV 89407
 Nevada contractor's license number issued by the State Contractor's Board 43145
 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 10-21-02

Date started 9-20, 2002
 Date completed 9-21, 2002

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>4</u>	