

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. 44234

1. OWNER WINNEMUCCA FARMS INC ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS ONE POTATO PLACE
WINNEMUCCA, NV 89445

2. LOCATION SE 1/4 SE 1/4 Sec. 36 T. 39 N. R. 38 E. HUMBOLDT County
 PERMIT NO. 30344 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
ORIGINAL WELL DEPTH @ 375', 15' of fill IN bottom of well. RIVERSIDE BAILED 5' of fill out. PERFORATED from 365' to 51'. PUMPED IN 34,000# of BENTONITE WITH SOLIDS @ 25% to 30% to WITHIN 51' of top. FILLED WITH CEMENT to 51' of top of GROUND. CUT CASING OFF @ 51' AND BURIED.				
NOTES: (1) DID NOT PERFORATE TOP 49' (2) USED MILLS KNIFE SIZE 3/4" X 2"				

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
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED
 02 DEC - 2 PM 12:34
 STATE ENGINEERS OFFICE

Date started _____
 Date completed _____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-27-02