

WELL DRILLER'S REPORT

Log No. 21865

Permit No. _____

Basin 5D

NOTICE OF INTENT NO. **45504**

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 **MAGGIE CREEK RANCH** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **P.O. BOX 2010** _____
ELKO, NV 89803 _____

2. LOCATION **SW 1/4 SE 1/4 Sec. 13 T 34N** N/S R **53E** E **ELKO** County
 PERMIT NO. **68175** 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 | 2 | 2 |
| CLAY | | 2 | 14 | 12 |
| SANDSTONE | | 14 | 65 | 51 |
| HARD ROCK | | 65 | 67 | 2 |
| SANDSTONE | | 67 | 90 | 23 |
| HARD ROCK | | 90 | 93 | 3 |
| SANDSTONE | | 93 | 100 | 7 |
| CLAY | | 100 | 118 | 18 |
| HARD ROCK | | 118 | 131 | 13 |
| CLAY | | 131 | 150 | 19 |
| HARD ROCK | | 150 | 160 | 10 |
| CLAY | | 160 | 235 | 75 |
| BROKEN FRACTURED ROCK | | 235 | 340 | 105 |
| CLAY | | 340 | 560 | 220 |
| HARD ROCK | | 560 | 652 | 92 |
| CLAY | | 652 | 761 | 109 |
| HARD ROCK | | 761 | 806 | 45 |
| BROKEN FRACTURED ROCK | X | 806 | 821 | 15 |
| HARD ROCK | | 821 | 861 | 40 |

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8. WELL CONSTRUCTION
 Depth Drilled **867** Feet Depth Cased **867** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches **0** Feet To **460** Feet
7 7/8 Inches **460** Feet **867** Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To. (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 6 | 12.92 | 188 | 0 | 30 |
| 4 1/2 | PVC | SDR 17 | 3 | 867 |

Perforations:
 Type perforation **SLOTS**
 Size perforation **.50**

| |
|---|
| From 827 feet to 867 feet |
| From _____ feet to _____ feet |
| From _____ feet to _____ feet |
| From _____ feet to _____ feet |
| From _____ feet to _____ feet |

Surface Seal: Yes No Seal Type: _____
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **867** feet

9. WATER LEVEL
 Static water level **803** feet below land surface
 Artesian flow _____ G.P.M. _____ 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 **SHAREL C. FERTIG SR., DBA FERTIG DRILLING CO.** Contractor
 Address **P.O. BOX 525** Contractor
ELKO, NEVADA 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 _____
 By driller performing actual drilling on-site or contractor
 Date **8/13/2003**

Date started **6/20/2003** _____, 19____
 Date completed **7/25/2003** _____, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|--------|-------------------------------|--------------|
| APPROX | 15 | | 3.5 |
| | | | |
| | | | |
| | | | |