



Log No. 92184
 Permit No. _____
 Basin 7

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. 40698

1. OWNER EQUALON ENTERPRISE LLC ADDRESS AT WELL LOCATION 2885 Northtown Lane Sparks NV 89512
 MAILING ADDRESS 20945 S. Wilmington Av Carson, Ca. 90810
 2. LOCATION NE 1/4 SW 1/4 Sec. 31 T. 20 N. S. R. 20 E. Washoe County
 PERMIT NO. 026-182-58 PC 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 |
|---------------------------------------|--------------|-----------|-------------|-------------|
| <u>Cement</u> | | <u>0</u> | <u>20</u> | <u>20</u> |
| <u>Bentonite chips</u> | | <u>20</u> | <u>60.5</u> | <u>40.5</u> |
| <u>Monitor well is non-detect</u> | | | | |
| <u>Abandon from bottom to surface</u> | | | | |
| <u>with chips + cement.</u> | | | | |

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) |
|--------------------|---------------------|-------------------------|-------------|-------------|
| <u>4.5</u> | | <u>sch 40</u> | <u>0</u> | <u>60.5</u> |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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 Boett Longyear Contractor
 Address 32 States Drive Dayton, NV 89403 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 101057
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller NO 112021
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-27-04

Date started 1-26, 2004
 Date completed 1-26, 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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