

Log No. 92437
 Permit No. _____
 Basin 103

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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. 496666

1. OWNER Robert Johns ADDRESS AT WELL LOCATION 362 SATRO SPRINGS
 MAILING ADDRESS _____
 2. LOCATION NE SE 30 T 17 N/S R 22 E Lyon County
 PERMIT NO. 19-254-04 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 |
|---------------------|--------------|------|-----|------------|
| DIRT-ROCK | | 0 | 26 | 26 |
| COBBLES | | 26 | 38 | 12 |
| STREAKY CLAY-GRAVEL | | 38 | 125 | 87 |
| FRACTURED ROCK | | 125 | 140 | 15 |
| STREAKY CLAY-GRAVEL | | 140 | 205 | 65 |
| LARGE GRAVEL | | 205 | 240 | 35 |

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 50 Feet
9 7/8 Inches 50 Feet 240 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>71</u> | <u>240</u> |

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" X 3"
 From 220 feet to 240 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 53 ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 240 feet

9. WATER LEVEL
 Static water level 82 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 12-11, 2007
 Date completed 12-12, 2007

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>1.0</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name _____ Contractor WELLS CO.
 Address _____ Contractor NV 80732
 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 _____