

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. 90786
 Permit No. _____
 Basin 102

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

NOTICE OF INTENT NO. 49098

1. OWNER Steven Farbon ADDRESS AT WELL LOCATION 5th Street
 MAILING ADDRESS _____ 4285 E 5th St
Silver Springs, NV
 2. LOCATION NE 1/4 NW 1/4 Sec. 15 T 17 N/S R 25 E Wyon County
 PERMIT NO. 17-381-05 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 rod

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---------------|-------------------------------------|------------|------------|------------|
| <u>Sand</u> | | <u>0</u> | <u>8</u> | |
| <u>Clay</u> | | <u>8</u> | <u>131</u> | |
| <u>Gravel</u> | | <u>131</u> | <u>146</u> | |
| <u>Clay</u> | | <u>146</u> | <u>160</u> | |
| <u>Gravel</u> | <input checked="" type="checkbox"/> | <u>160</u> | <u>180</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 To 180
105/16 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>6 5/8</u> | <u>13.00</u> | <u>3/16</u> | <u>71</u> | <u>70</u> |
| <u>6 5/8</u> | <u>3.00</u> | <u>5DR 21</u> | <u>70</u> | <u>180</u> |

Perforations:
 Type perforation Scill Saw
 Size perforation 1 1/4 x 60ms
 From 160 feet to 170 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 180 feet

9. WATER LEVEL
 Static water level 42 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 Leach Drilling Inc Contractor
 Address PO Box 599 Contractor
Silver Springs NV. 89429
 Nevada contractor's license number 0031841
 issued by the State Contractor's Board
 Nevada driller's license number 1077
 issued by the Division of Water Resources, the on site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-7-04

Date started 1-5 2004
 Date completed 1-6 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------------------------|-------------------------------|--------------|
| <u>Produced about 20</u> | <u>6 PM</u> | |

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 STATE ENGINEERS OFFICE