

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

OFFICE USE ONLY
 Log No. 93899
 Permit No. _____
 Basin 76

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. **54403**

1. OWNER KELLY CONDON ADDRESS AT WELL LOCATION 3915 JUNES COURT
 MAILING ADDRESS 3915 JUNES COURT
FERNLEY, NV 89406

2. LOCATION SW 1/4 SE 1/4 Sec. 27 T 20 N/S R 24 E LYON County
 PERMIT NO. 21-491-07 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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 |
|-----------------|--------------|------|-----|------------|
| TOP SOIL | | 0 | 1 | |
| COBBLES/CLAY | | 1 | 60 | 59 |
| BROWN CLAY | | 60 | 90 | 30 |
| MC GRAVELS SAND | | 90 | 200 | 110 |
| GRAY CLAY | | 200 | 250 | 50 |
| MC GRAVELS/SAND | | 250 | 310 | 60 |
| BROWN CLAY | | 310 | 315 | 5 |
| MC GRAVELS/SAND | X | 315 | 355 | 40 |

8. WELL CONSTRUCTION
 Depth Drilled 355 Feet Depth Cased 355 Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|---------------|------|-----|
| 10 3/4 Inches | 0 | 50 |
| 8 Inches | 50 | 306 |
| 6 1/8 Inches | 306 | 355 |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.9 | .188 | +2 | 306 |
| 5 | 10 | .188 | 306 | 355 |

Perforations:
 Type perforation MACHINE SLOT
 Size perforation .080

| From | To |
|----------|----------|
| 300 feet | 305 feet |
| 315 feet | 355 feet |
| feet | feet |
| feet | feet |
| feet | feet |

Surface Seal: Yes No
 Depth of Seal 50'
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 5/6/2004 19
 Date completed 5/8/2004 19

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 10 | | 1 HR |

9. WATER LEVEL
 Static water level 211 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality UNKNOWN

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name WELSCO CORP. Contractor
 Address P. O. BOX 888 Contractor
FALLON, NV 89406
 Nevada contractor's license number issued by the State Contractor's Board 11752
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2199
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 6/7/2004

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