

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. 18258

1. OWNER Bill & Debbie Knight ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 2681 100 Thoroughbred Cr
Ft Bragg, Ca 95437 Lot 318
 2. LOCATION NW 1/4 NW 1/4 Sec 27 T 23 N/S R 18 E Washoe County
 PERMIT NO. 78-071-06 - Red Rock
 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 | Thickness |
|--|--------------|------|-----|-----------|
| D.G. & fine sand | | 0 | 3 | 3 |
| D.G. & scattered rock | | 3 | 12 | 9 |
| D.G. & some clay tan | | 12 | 75 | 63 |
| Firmer D.G. | | 75 | 196 | 121 |
| Hard rock | | 196 | 201 | 5 |
| Very soft D./ G. with scattered rock | | 201 | 280 | 79 |
| There is a 20' blank on bottom of perf | | | | |
| The bore hole is full of gravel from 199 to 280' | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 280 Feet Depth Cascd 199 Feet
 HOLE DIAMETER (BIT SIZE)

| Inches | From | To | Feet |
|--------|------|-----|------|
| 10 | 0 | 56 | Feet |
| 8 | 56 | 199 | Feet |
| 6 | 199 | 280 | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.92 | .188 | +1 | 199 |

Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 159 feet to 179 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 280 feet

9. WATER LEVEL
 Static water level 90 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name AQUA DRILLING & WELL SERVICE, INC
 Address 625 Spice Islands Dr Suite L
Sparks, Nv 89431
 Nevada contractor's license number 15291
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1132
 Division of Water Resources, the on-site driller.
 Signed Roger M Thrall
 By Driller performing actual drilling on site or contractor
 Date Roger M. Thrall 10/12/91

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 18 | | 2 1/2 |

 Date started 10/11/91, 19_____
 Date completed 10/12/91, 19_____
 Date started 10/18 AM 10:02