

PRINT OR TYPE ONLY
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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. _____

1. OWNER Jesse Cleora ADDRESS AT WELL LOCATION Mollyhawk Lane
MAILING ADDRESS P.O. Box 95 Silver Springs NV, 89429
2. LOCATION NE 1/4 NW 1/4 Sec 25 T 18 N/S R 24 E LYON County
PERMIT NO. NA 15-171-08 POWELL RANCH ESTATES
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 Mud

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------------|--------------|------|-----|------------|
| Brown clay | | 129 | 130 | 1 |
| Gravels | | 145 | 150 | 5 |
| Clay and Sand stone | | 150 | 178 | 28 |
| Gravels | | 178 | 182 | 4 |
| Clay and SAND stone | | 187 | 202 | 20 |
| Gravels & Course Sand | | 202 | 215 | 13 |
| Clay and SAND stone | | 215 | 238 | 23 |
| Gravels & Course Sand | | 238 | 300 | 62 |

MAY 15 AM:47
STATE ENGINEERS UNIT

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
From 8" To 300'
Inches 129 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>1.88</u> | <u>119</u> | <u>300</u> |

Perforations:
Type perforation TOUCH CUT
Size perforation 1/8 x 6 = 4 Rows

From _____ feet to _____ feet
From _____ feet to _____ feet
From 201 feet to 220 feet
From _____ feet to _____ feet
From 237 feet to 300 feet

Surface Seal: Yes No Seal Type:
Depth of Seal NO KNOWN Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL

Static water level 77' feet below land surface
Artesian flow NA G.P.M. _____ P.S.I.
Water temperature Cold °F Quality Good - Clear

Date started 4/15 1992
Date completed 4/24 1992

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|--------------|
| <u>25</u> | <u>18</u> | <u>4 Hr</u> |

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 P.O. Box 599 Contractor
Silver Springs NV, 89429
Nevada contractor's license number issued by the State Contractor's Board 0031541
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1740
Signed Nathaniel Leach
By driller performing actual drilling on site or contractor
Date 5/9/92