

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. 18978

1. OWNER Smith Valley Scales, Inc. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
NE NE 02 TION R 23 E
 2. LOCATION 1/4 N 1/4 Sec 8 T DIST 4 N 1/2 R 4169E 4# LYON County _____
 PERMIT NO. 10-661-02 Parcel No. _____ Subdivision Name DIST 4

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 | |
| DK BRN SANDY CLAY | | 1 | 15 | |
| MEDIUM SAND & CLAY | | 15 | 35 | |
| BRN SANDY CLAY | | 35 | 39 | |
| SM GRAVELS & SHLT CLY STKS | | 39 | 96 | |
| SM GRAVELS & BRN SANDY CLAY | | 96 | 110 | |
| SM GRAVELS & DK BRN SANDY CLAY | | 110 | 120 | |

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 120 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>8"</u> | | <u>188</u> | <u>0</u> | <u>120</u> |

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 3/32" x 3"
 From 80 feet to 110 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 120 feet

9. WATER LEVEL
 Static water level 41 feet below land surface
 Artesian flow _____ G.P.M. 25+ P.S.I.
 Water temperature WARM Quality GOOD

Date started 11-10, 1992
 Date completed 11-11, 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>4 HRS</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ED MILLER Contractor
 Address Box 92
Smith, NV 89444 Contractor
 Nevada contractor's license number 32166
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1535
 Division of Water Resources, the on-site driller.
 Signed Jerald W. Phinney
 By driller performing actual drilling on site or contractor
 Date 11-11-92