

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. 23780

1. OWNER Gary Nigro / Deborah Stortz ADDRESS AT WELL LOCATION 5700 Mt Ranch Rd
 MAILING ADDRESS 4845 So Virginia St Parcel D of Map 1389
Reno, Nv 89502
 2. LOCATION SE 1/4 SW 1/4 Sec 26 T 18 N/S R 19 E Washoe County
 PERMIT NO. _____ off Mt Rose Hwy Subdivision Name _____
 Issued by Water Resources _____ Parcel No. _____

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 |
|--|--------------|------|-----|------------|
| Green white brown orange red volcanic sands & gravels with semi decomposed granite boulders & traces of brown clay | | 0 | 254 | 254 |
| Orange yellow green brown volcanic rock fractured | | 254 | 309 | 55 |
| Green brown orange red white sands & gravels | | 309 | 418 | 109 |
| Bottom 9 feet full of native material | | | | |
| T.D. 409 ft | | | | |

93 OCT 12 AM 11
 STATE ENGINEERS OFFICE

plugged by 12/30/93

8. WELL CONSTRUCTION
 Depth Drilled 418 Feet Depth Cased 409 Feet
 HOLE DIAMETER (BIT SIZE)
 10 5/8 Inches From 0 Feet To 56 Feet
 8 1/2 Inches From 56 Feet To 418 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.92 | .188 | + 2 | 409 |

Perforations:
 Type perforation factory
 Size perforation 3/32 X 3
 From 369 feet to 389 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 54 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 54 feet to 409 feet

9. WATER LEVEL
 Static water level 182 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 Aqua Drilling & Well Service, Inc Contractor
 Address 625 Spice Islands Dr Suite L Contractor
Sparks, Nv 89431
 Nevada contractor's license number 15291
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1511
 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 8/18/93

Date started 8/16/93 19____
 Date completed 8/17/93 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 15 | | 1 1/2 |