

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. 20864

1. OWNER Baker Hughes INTEQ ADDRESS AT WELL LOCATION VEW-7
 MAILING ADDRESS P.O. Box 277 Milpark Drilling Fluids
Battle Mountain, NV 89820 Argenta, NV
 2. LOCATION SW 1/4 SW 1/4 Sec. 6 T. 32 N. S. R. 47 E. Lander County
 PERMIT NO. M/O 498-C 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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|----------------------|--------------|------|----|------------|
| Brown sandy silt | | 0 | 9 | 9 |
| Brown silt | X | 9 | 19 | 10 |
| Brown clay, silt | | 19 | 24 | 5 |
| Brown sandy silt | | 24 | 31 | 7 |
| Brown clay, silt | | 31 | 35 | 4 |
| Brown clay with sand | | 35 | 37 | 2 |
| Brown sand | | 37 | 39 | 2 |
| Brown clay | | 39 | 40 | 1 |
| Traffic box cover | | | | |
| 0 - 2 ft. | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6" PVC | | Sch. 40 | 0 | 8 |

Perforations:
 Type perforation Slotted 6" PVC
 Size perforation Sch. 40 20 slot
 From 8 feet to 40 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 8 ft. Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No 10-20 Silica Sand
 From 8 feet to 40 feet

9. WATER LEVEL
 Static water level 13.6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2-26, 1994
 Date completed 3-2, 1994

7. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
|--|-------------------------------|--------------|--|
| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) | |
| | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Elsing Drilling & Pump Co., Inc.
 Contractor
 Address P.O. Box 919
 Contractor
Twin Falls, ID 83303-0919
 Nevada contractor's license number issued by the State Contractor's Board 0017177
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1479
 Signed Arnold Elsing
 By driller performing actual drilling on site or contractor
 Date March 23, 1994