

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. **25591**

1. OWNER **F N FULSTONE INC, RANCHES** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **POST OFFICE BOX 61** **SMITH, LYON COUNTY, NEVADA**
SMITH VALLEY, NEVADA 89430

2. LOCATION **SW 1/4 NW 1/4 Sec. 20 T 11 N/S R. 24 E LYON** County

PERMIT NO. _____ 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 | Thick-ness |
|---------------------------------|--------------|------|-----|------------|
| TOPSOIL | | 0 | 7 | 7 |
| SAND AND SANDY GRAVEL WITH CLAY | | 7 | 40 | 33 |
| SAND AND GRAVEL | | 40 | 100 | 40 |
| GRAY CLAY WITH TRACE SAND | | 100 | 140 | 40 |
| BROWN CLAY WITH TRACE SAND | | 140 | 160 | 20 |
| GRAVEL AND SAND | | 160 | 190 | 30 |
| COARSE SAND WITH LAYER CLAY | | 190 | 218 | 28 |
| BROWN SANDY CLAY | | 218 | 222 | 4 |

8. WELL CONSTRUCTION
 Depth Drilled **222** Feet Depth Cased **222** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 1/4 Inches **0** Feet **222** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 5/8 | 12.81 | .188 | +1 | 222 |

Perforations:
 Type perforation **DOUBLE ROW MILL SLOT**
 Size perforation **3/32**
 From **182** feet to **222** 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 **222** feet

9. WATER LEVEL
 Static water level **63** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality _____

Date started **DECEMBER 19**, 19**94**
 Date completed **DECEMBER 22**, 19**94**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 50 | | 3 |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **SARGENT IRRIGATION COMPANY**
 Address **9955 NORTH VIRGINIA STREET**
RENO, NEVADA 89506
 Nevada contractor's license number issued by the State Contractor's Board **0021246**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1493**
 Signed *M. Bretchen Peterson* **Sargent Irrigation Co.**
 By driller performing actual drilling on site or contractor
 Date **FEBRUARY 8, 1995**

