

OFFICE USE ONLY
 Log No. 48661
 Permit No. _____
 Basin 8-107

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

10407
 NOTICE OF INTENT NO. 27017
1060 Rosewood

1. OWNER Dividend Const ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 33 T. 19 N/S R. 28 E Churchill County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. 008-693-46 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 |
|--------------|--------------|------|----|------------|
| SAND | | 0 | 14 | 14 |
| Brown Clay | | 14 | 19 | 5 |
| Brown Sand | ✓ | 19 | 32 | 13 |
| Black Silt | ✓ | 32 | 47 | 15 |
| Black Sand | ✓ | 47 | 67 | 20 |
| Grey Sand | ✓ | 67 | 73 | 6 |
| Brown Gravel | ✓ | 73 | 87 | 14 |
| Brown Sand | ✓ | 87 | 94 | 7 |

8. WELL CONSTRUCTION
 Depth Drilled 94 Feet Depth Cased 94 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
6 Inches 50 Feet 94 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>6.75</u> | <u>12.9</u> | <u>.188</u> | <u>71</u> | <u>94</u> |

Perforations:
 Type perforation machine slot
 Size perforation .080
 From _____ feet to _____ feet
 From 89 feet to 92 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 13-4 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started June 10, 1994
 Date completed June 12, 1994

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|--------------|
| <u>40</u> | | <u>1</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Welsco Contractor
 Address Box 888 Contractor
FALLON
 Nevada contractor's license number issued by the State Contractor's Board 11782
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date June 29-94