

OFFICE USE ONLY
 Log No. 48708
 Permit No. 049
 Basin.

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. 29916

1. OWNER VEE MORSTROM ADDRESS AT WELL LOCATION 1-78A
 MAILING ADDRESS Box 292-11 Lot 8 Blk 24 - 20 Center St
OSINO 89501

2. LOCATION NE 1/4 SE 1/4 Sec 3 T 35 N/S R 56 E ELKO County
 PERMIT NO. 35-024-08-2003 OSINO 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 |
|----------|--------------|------|-----|------------|
| Loam | | 6 | 3 | 3 |
| Gravel | | 3 | 40 | 37 |
| Clay | | 40 | 49 | 9 |
| Gravel | x | 49 | 58 | 9 |
| Clay | | 58 | 80 | 22 |
| Gravel | x | 80 | 83 | 3 |
| Clay | | 83 | 110 | 27 |
| Gravel | x | 110 | 130 | 20 |

8. WELL CONSTRUCTION
 Depth Drilled 130 Feet Depth Cased 130 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 130 Feet
 From 0 Feet To 130 Feet
 From 0 Feet To 130 Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6</u> | <u>12.92</u> | <u>1.88</u> | <u>0</u> | <u>130</u> |

Perforations:
 Type perforation slots
 Size perforation 3/16 x 3"
 From 110 feet to 130 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 54
 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From 54 feet to 130 feet

1995 MAY 30 P 1:31
 RECEIVED
 STATE ENGINEERS OFFICE

9. WATER LEVEL
 Static water level 25 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality _____

Date started 5-17, 1995
 Date completed 5-19, 1995

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-------------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>40 x</u> | | <u>2.5</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Fertig Drilling Co Contractor
 Address PO Box 525 Contractor
ELKO NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 31904
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
 Signed Steve Fertig
 By driller performing actual drilling on site or contractor
 Date 5-23-95