

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. 34703
950 So. Rock Blvd
SPARKS NV 89502

1. OWNER WESTERN NV. SUPPLY CO. ADDRESS AT WELL LOCATION
 MAILING ADDRESS 950 So. Rock Blvd
SPARKS NV 89502

2. LOCATION NE 1/4 SW 1/4 Sec. 8 T. 19 N/S R. 20 E WAGHOB County
 PERMIT NO. MO 1035 Issued by Water Resources Parcel No. 034-050-06 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 HSP

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---|--------------|------|----|------------|
| <u>MW-3</u> | | | | |
| <u>PULL COVER</u> | | | | |
| <u>RUN A ROD</u> | | | | |
| <u>BREAK BOTTOM END OFF OF PVC</u> | | | | |
| <u>PUMP CEMENT FROM BOTTOM UP TO GS</u> | | | | |
| <u>PULL ALL PVC</u> | | | | |
| <u>PUMP CEMENT TO GS</u> | | | | |
| <u>CONCRETE @ SURFACE</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | To |
|--------------|-----------------------|
| _____ Inches | _____ Feet _____ Feet |
| _____ Inches | _____ Feet _____ Feet |
| _____ Inches | _____ Feet _____ Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4.5"</u> | | <u>SCH 40</u> | <u>0</u> | <u>5</u> |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From 5 feet to 25 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 25 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 8-6, 1997
 Date completed 8-6, 1997

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

9. WATER LEVEL

Static water level 6' 5" 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 NEVADA DRILLING INC Contractor
 Address 75 Lowers Creek Rd Contractor
CARSON CITY NV 89704

Nevada contractor's license number issued by the State Contractor's Board 13697A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller A02

Signed John B. Linder
 By driller performing actual drilling on site or contractor
 Date 8-11-97