

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 35075

1. OWNER Paula Smith ADDRESS AT WELL LOCATION 7035 Iron Mt
MAILING ADDRESS 7035 Iron Mt Stargr Coach NV Stargr Coach
2. LOCATION NW 1/4 NW 1/4 Sec 18 T. 17 N/S R. 23 County Iron
PERMIT NO. NA Issued by Water Resources Parcel No. 15-324-11 Subdivision Name Iron Mt

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 RVG
 Air Other MUD

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------------------|--------------|------------|------------|------------|
| <u>Gravelly Sand</u> | | <u>1</u> | <u>6</u> | |
| <u>Sand</u> | | <u>6</u> | <u>63</u> | |
| <u>Solidified Sandstone</u> | <u>175</u> | <u>63</u> | <u>178</u> | |
| <u>Gravel</u> | <u>181</u> | <u>178</u> | <u>181</u> | |

8. WELL CONSTRUCTION
Depth Drilled 181 Feet Depth Cased 181 Feet

HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 181 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>10 5/8</u> | <u>13</u> | <u>1 3/8</u> | <u>1</u> | <u>181</u> |

Perforations:
Type perforation Mill Deep
Size perforation 3/16 x 6 x 6 #
From 178 feet to 180 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 90' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 170 feet to 181 feet

9. WATER LEVEL
Static water level 110 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature C °F Quality Good

Date started 7/28/98, 19____
Date completed 7/30/98, 19____

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>11-12</u> | <u>3 1/4</u> | <u>hrs</u> |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Green Drilling Inc Contractor
Address PO. 899 Contractor
89, NV 89429
Nevada contractor's license number issued by the State Contractor's Board 0031841
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1816
Signed [Signature] By driller performing actual drilling on site or contractor
Date 8/3/98

RECEIVED
SEP - 3 AM 10:00
STATE ENGINEERS OFFICE