

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 79074
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 20312

1. OWNER Contr. Construction ADDRESS AT WELL LOCATION N. & Tropicana
 MAILING ADDRESS LU NV 23 Hollywood

2. LOCATION 1/4 Sec. 26 T. 21 N. R. 02 E County _____
 PERMIT NO. DW 1110 Parcel No. 161-23-301-001 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE DeWater
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Bucket

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---|--------------|-----------|-----------|------------|
| <u>Total of 36 wells drilled in this Parcel</u> | | | | |
| <u>Dry dirty Sand</u> | | <u>0</u> | <u>4</u> | |
| <u>Sandy Clay</u> | | <u>4</u> | <u>23</u> | |
| <u>Sand + gravel</u> | | <u>23</u> | <u>27</u> | |
| <u>Blue Clay</u> | | <u>27</u> | <u>30</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 30 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>8</u> | <u>PUC</u> | <u>Sch 40</u> | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation Slot
 Size perforation .032
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 0 feet to 30 feet

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 1-13
 Date completed _____, 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 type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Crittin Ostering Contractor
 Address 536 E. Mainland Contractor
Ontario CA 91761
 Nevada contractor's license number 31246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M 1968
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 2-2-0