

OFFICE USE ONLY
 Log No. 79582
 Permit No. 103659
 Basin. 44526

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. 44526

1. OWNER Ray Shaffer ADDRESS AT WELL LOCATION 100 RIVERS RD. DAYTON NV.
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 12 T. 16 N/S R. 22 E Lyon County _____
 PERMIT NO. 19-641-08 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other MUD

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------------------|-------------------------------------|------------|------------|------------|
| <u>Sandy Soil</u> | | <u>0</u> | <u>60</u> | <u>60</u> |
| <u>Clay & Sand</u> | | <u>60</u> | <u>76</u> | <u>26</u> |
| <u>Clay</u> | | <u>76</u> | <u>83</u> | <u>7</u> |
| <u>Clay & Gravel</u> | | <u>83</u> | <u>137</u> | <u>54</u> |
| <u>Gravel & Sand</u> | <input checked="" type="checkbox"/> | <u>137</u> | <u>160</u> | <u>23</u> |

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 161 Feet
 HOLE DIAMETER (BIT SIZE)
12 3/4 Inches From 0 Feet To 160 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 5/8</u> | | <u>.188</u> | <u>+1</u> | <u>160</u> |

Perforations:
 Type perforation milled
 Size perforation 1/8 x 3 # Rows
 From 140 feet to 160 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 75'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 75' feet to 160' feet

9. WATER LEVEL
 Static water level 53 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality Clean

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Inc. Contractor
 Address Po Box 599 Silver Springs NV 89429 Contractor
 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: 1740
 Signed Matthew D Seal By driller performing actual drilling on site or contractor
 Date 5/9/00

Date started 4/13/00 19_____
 Date completed 4/14/00 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>50 Com Air Lift for 3 1/2 hrs</u> | | | |

RECEIVED
 COUNTY OF PHOENIX
 WATER RESOURCES DIVISION