

OFFICE USE ONLY
 Log No. 85349
 Permit No. _____
 Basin 138

PERMIT# 12543
 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. 47686

1. OWNER Tom Connolly ADDRESS AT WELL LOCATION SAME
 MAILING ADDRESS McClusky Creek HC-66-60
Beowawe Nevada 89821
 2. LOCATION SE 1/4 SE 1/4 Sec. 29 T. 25 N/S R. 48 E LANDER County
 PERMIT NO. # 12543 Issued by Water Resources Parcel No. 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|---------------|--------------|------|------|------------|
| TOPSOIL/CLAY | | 0' | 6' | 6' |
| BLACK CLAY | | 6' | 8' | 2' |
| CLAY | | 8' | 24' | 16' |
| CLAY+GRAVEL | | 24' | 28' | 4' |
| CLAY+GRAVEL | | 28' | 40' | 12' |
| CLAY+GRAVEL | | 40' | 50' | 10' |
| CLAYS | | 50' | 70' | 20' |
| GRAVEL-COURSE | YES | 70' | 82' | 12' |
| CLAY+GRAVEL | | 82' | 90' | 8' |
| CLAY+GRAVEL | | 90' | 104' | 14' |

8. WELL CONSTRUCTION
 Depth Drilled 104' Feet Depth Cased 104' Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 104 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>12.9</u> | <u>.188</u> | <u>0</u> | <u>104</u> |

Perforations:
 Type perforation MILL PERFORATED
 Size perforation .09
 From 78 feet to 98 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 FT Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No (1/2 RIVER GRAVEL)
 From 50 feet to 104 feet

9. WATER LEVEL
 Static water level -0- feet below land surface
 Artesian flow 35 G.P.M. P.S.I.
 Water temperature _____ °F Quality Good / Shut off valve

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

Name Intend Pacific Drilling Co Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board C-23 # 36582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller # 1278
 Signed [Signature]
 By driller performing actual drilling or site or contractor
 Date January 14, 2002

Date started December 1 2001
 Date completed December 8 2001

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|----------------|
| <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>80</u> | <u>10'</u> | <u>2 HOURS</u> |
| <u>Centrifugal Pump</u> | | | |

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