

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. 48943

1. OWNER Jerry Olson & Pete Jones ADDRESS AT WELL LOCATION 23 Range Sand
 MAILING ADDRESS 89444 Wellington Nev. 89444
 2. LOCATION NW SW 1/4 Sec. 7 T. 11 N/S R. 24 E. Lyon County
 PERMIT NO. 009-084-02 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 |
|----------------------------|-------------------------------------|------------|------------|------------|
| <u>sandy loam top soil</u> | | <u>0</u> | <u>5</u> | <u>5</u> |
| <u>hard pan</u> | | <u>5</u> | <u>9</u> | <u>4</u> |
| <u>sandy clay</u> | | <u>9</u> | <u>58</u> | <u>49</u> |
| <u>sand + gravel</u> | <input checked="" type="checkbox"/> | <u>58</u> | <u>125</u> | <u>67</u> |
| <u>blue clay</u> | | <u>125</u> | <u>130</u> | <u>5</u> |

8. WELL CONSTRUCTION RL 4-12-04
 Depth Drilled 130 Feet Depth Cased 130 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet 50 Feet
 To 6 Inches 50 Feet 130 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 3/8</u> | | <u>18 1/8</u> | <u>0</u> | <u>130</u> |

Perforations:
 Type perforation factory saw slott
 Size perforation 3/16 X 3
 From 80 feet to 130 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 65 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality good

Date started March 3, 2004
 Date completed March 7, 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|--------------|
| <u>20</u> | <u>5</u> | <u>3 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 Edmund Mills Dull's Contractor
 Address P.O. Box 92 Smith Plr 89430 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 32166 A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718
 Signed Edmund Mills
 By driller performing actual drilling on site or contractor
 Date March 15 - 04