

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

OFFICE USE ONLY
 Log No. 101609
 Permit No. _____
 Basin 091

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. **57821**

1. OWNER **Cabelas Retail**
 MAILING ADDRESS **1 Cabelas Dr. Sidney, NE 69160**
 ADDRESS AT WELL LOCATION **S. Verdi Rd.**

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **16** T **19** N/S R **18E** E **Washoe** County
 PERMIT NO. **038-870-06** 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
On this date we abandoned a 8" x 116' well By cleaning fill from 82' to 116' then perforating from 116' to 42' with Mills Knife. We then pumped 3 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe and filled from the bottom to 65'. Then we topped it off with 1.75 cubic yards of cement.				
Washoe County Permit # WL 060182				
NAD83 N39.51427 W 119.96756				
NO ORIGINAL LOG FOUND MIGHT BE 21406				
39.514350° N 119.966550° W				
NAD 27 Coords				

8. WELL CONSTRUCTION
 Depth Drilled **116** Feet Depth Cased **116** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	116

Perforations:
 Type perforation **Mills Knife**
 Size perforation **Puncture**

From	To	From	To
42	116	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Surface Seal: Yes No
 Depth of Seal _____
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **76** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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

Name **Bruce MacKay Pump & Well Service, Inc.** Contractor
 Address **1600 Mt. Rose Hwy** Contractor
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2271**

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date **9/21/2006**

Date started **9/21/2006**, 19
 Date completed **9/21/2006**, 19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	_____	_____	_____
Draw Down (Feet Below Static)	_____	_____	_____
Time (Hours)	_____	_____	_____

STATE ENGINEERS OFFICE
 2006 SEP 26 AM 10:43
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