

Cust 1
State 1

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

Well #3

OFFICE USE ONLY
Log No. 103628
Permit No.
Basin 069

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

59629

NOTICE OF INTENT NO. 505 P. KION PINA PD

1. OWNER David ITZA
MAILING ADDRESS P.O. BOX 578
BATTLE MTN NV
2. LOCATION NW 1/4 NW 1/4 Sec 24 T 32 N R 44 E
PERMIT/WAIVER No. 11-030-20
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION
Subdivision Name: County: LANDON
Latitude UTM 502148 NAD 27
Longitude N 4498181 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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	Thickness
TOP SOIL		0	5	5
SAND + GRAVEL		5	20	15
TAN CLAY		20	30	10
BLUE CLAY		30	90	60
TAN CLAY		90	100	10
SANDY TAN CLAY		100	120	20

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>120</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.128</u>	<u>71</u>	<u>120</u>

Perforations:

Type of perforation SAWED
Size of perforation 3/16 x 3

From 100 feet to 120 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 5 to 60 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 90 to 120 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 90 Pumped Poured
Type: _____

Date started: 5-31 .20 07
Date completed: 6-1 .20 07

7. Water Level
Static water level: 15 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>607</u>	<u>UNK</u>	<u>2 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 L.B.J. Drinking Co.
Address P.O. Box 902
Wmca NV 89446
Nevada contractor's license number 9605
issued by the State Contractor's Board
Nevada driller's license number issued by the 1807
Division of Water Resources, the on-site driller

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6-17-07

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY