

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

Well # 5

OFFICE USE ONLY
Log No. 104700
Permit No.
Basin PWA

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

1. OWNER David ITZA ADDRESS AT WELL LOCATION 430 Silver Creek Way
MAILING ADDRESS P.O. Box 573 Battle MTN NV 89820 Subdivision Name: County: Lander
2. LOCATION NW 1/4 SW 1/4 Sec 24 T 32 N/S R 74 E Latitude 40.631675 UTM E502390 NAD 27
PERMIT/WAIVER No. 11-030-09 Longitude 116.971739 N 44 97 660 NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
PROPOSED USE Domestic Irrigation Test Monitor Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	5	5
SANDY CLAY		5	20	15
BLUE CLAY		20	100	80
SAND GRAVEL TAN CLAY		100	120	20

9. WELL CONSTRUCTION
Depth Drilled 120 Feet Depth Cased 120 Feet
HOLE DIAMETER (BIT SIZE)
From 10 5/8 To 120
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.188</u>	<u>71</u>	<u>120</u>

Type of perforation Perforations: Torch CUT
Size of perforation 3/16 x 3
From 100 feet to 120 feet
From _____ feet to _____ feet
From _____ feet to _____ 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: 10-15 20 07
Date completed: 10-16 20 07

7. Water Level
Static water level: 30 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 68 °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>70+</u>	<u>UNT</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.D. Drilling Co.
Address P.O. Box 9025
Wmca NW 2944
Nevada contractor's license number 9605
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources 1207
Signed [Signature]
Date 10-28-07

USE ADDITIONAL SHEETS IF NECESSARY