

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

OFFICE USE ONLY
Log No. 106637
Permit No. _____
Basin 103

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 63133

1. OWNER Vidler Water Co. Inc.
MAILING ADDRESS 3480 GS Richards Blvd. #101
SW Carson City, NV 89703

ADDRESS AT WELL LOCATION Carson City - Hells Bells
Carson City NV 89703
Subdivision Name: _____ County: Carson City

2. LOCATION SE 1/4 NW 1/4 Sec 14 T 15N N/S/R 20 E
PERMIT/WAIVER No. NE MO 1493B 10-581-05
Issued by Water Resources Parcel No. _____

Latitude 39.16677 UTM E NAD 83
Longitude 119.70391 N 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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
sand/gravel/clay		0	10	
gray clay		10	41	
hard rock		41	53	
clay and rock		53	60	
hard rock		60	65	
drilled and abandoned				

9. WELL CONSTRUCTION

Depth Drilled	<u>65</u>	Feet	Depth Cased	<u>0</u>	Feet
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HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 5/8</u>	<u>0</u>	<u>65</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
		<u>booster only</u>		

Perforations:

Type of perforation	From	Size of perforation	feet to	feet

Annular Seal: Yes No

Neat Cement 0 to 10 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 10 to 65 Pumped Poured

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

Date started: 24-Jul, 2008
Date completed: 25-Jul, 2008

7. Water Level
Static water level: 12 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name McKay Drilling, Inc
Contractor
Address 4850 Joule St. Suite A5
Contractor
Reno, NV 89502

Nevada contractor's license number _____
issued by the State Contractor's Board 14170
Nevada driller's license number issued by the 2121
Division of Water Resources, the on-site driller

Signed Stew McKay
By driller performing actual drilling on site or contractor
Date 8/13/2008

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STATE ENGINEERING OFFICE

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY