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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. **59144**

1. OWNER **Model T Casino** ADDRESS AT WELL LOCATION **Model T Casino**
 MAILING ADDRESS **1130 W. Winnemucca Blvd, Winnemucca NV** **1130 W. Winnemucca Blvd, Winnemucca NV**
 2. LOCATION **SE 1/4 SW 1/4 Sec. 30 T. 36 N. 38 E. Humboldt** County
 PERMIT NO. **FACT # 5-00014** Parcel No. **015-282-09** Waiver # **R-583** 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 **HSA**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt Road base		0	2"	2"
Siltysand-tan clayey silty sand		2"	1 1/2'	16"
gravelly sand		1 1/2'	6'	4 1/2'
		6"	17'	11'
		17 1/2'	24 1/2'	7 1/2'
NAD 83				
Easting 2856206.26 2856206.26				
Northing 15387278.42 15387278.42				
Waiver # R-583				
N40.964600				
W112.743951 NAD27				
PRO				
DPE 35				

8. WELL CONSTRUCTION
 Depth Drilled **24 1/2** Feet Depth Cased **24 1/2** Feet
 HOLE DIAMETER (BIT SIZE)
16" From **0** To **24'**
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6"		Sch. 40	0	4 1/2'

Perforations:
 Type perforation **Factory slot**
 Size perforation **#050**
 From **4 1/2'** feet to **24 1/2'** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **6"** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured **4' - 6" Bentonite** Concrete Grout
 Gravel Packed: Yes No
 From **24 1/2'** feet to **4'** feet

9. WATER LEVEL
 Static water level **17 1/2'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **85°** F Quality _____

Date started **5-20-08**, 20
 Date completed **5-20-08**, 20

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Har-Tech Drilling Inc** Contractor
 Address **P.O. Box 940** Contractor
Meridian ID 83642
 Nevada contractor's license number issued by the State Contractor's Board **0038018**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2188**
 Signed **M. Wheeler**
 By driller performing actual drilling on site or contractor
 Date **5-23-08**