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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. **32782**

1. OWNER **Bruce Shields** ADDRESS AT WELL LOCATION **Copper Way corner of Junction 318 and SR 578**
 MAILING ADDRESS **HCR 61 Box 71 Hiko NV 89017**
 2. LOCATION **NW 1/4 NE 1/4 Sec. 10 T 5 N 60 E Lincoln** County
 PERMIT NO. **11-110-22** 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 | Thickness |
|------------------|--------------|------|-----|-----------|
| Sand- Boulders | | 0 | 60 | 60 |
| gravel- boulders | X | 60 | 80 | 20 |
| clay- boulders | | 80 | 160 | 80 |
| clay | | 160 | 165 | 5 |

WGS 84 N 37° 32.079' W 115° 19.110'

This was a dry hole when completed. we are requesting a Variance on top 100' sanitary seal

8. WELL CONSTRUCTION
 Depth Drilled **165** Feet Depth Cased **165** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **165** Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 6 1/2 | PVC | sch 40 | 0 | 165 |

Perforations:
 Type perforation **sqw cut**
 Size perforation **1 3/8" x 6"**
 From **110** feet to **165** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **165** feet

9. WATER LEVEL
 Static water level **0** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **72** °F Quality **0**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Davis Drilling and Pumps** Contractor
 Address **HC 61 Box 54 Hiko NV 89017** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **0028266**
 Nevada driller's license number issued by the Division of Water Resources the on-site driller **1191**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **8-30-08**

Date started **8-20-08**, 20 _____
 Date completed **8-21-08**, 20 _____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | 0 | | 2 |