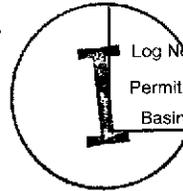


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

NR
7



OFFICE USE ONLY
Log No. 107428
Permit No. 487
Basin

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. 63445

1. OWNER SFPD L.P. ADDRESS AT WELL LOCATION Union Pacific Railroad
MAILING ADDRESS 1100 Terraza Country Rd. Right of Way
Orange, CA 92368 Subdivision Name: _____ County: WASHOE
2. LOCATION N 1/4 Sec 7 T 19 N/S R 20 E Latitude 39.3208.03 NAD 27
PERMIT/WAIVER No. 0-000762 3222078 Longitude 119.46399.11 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SANDS AND GRAVELS w/ granite boulders</u>		<u>0</u>	<u>30</u>	<u>30</u>
<u>SAME</u>	<u>X</u>	<u>30</u>	<u>66</u>	<u>36</u>
<u>N 39.534076</u>				
<u>W 119.778978</u>				

9. WELL CONSTRUCTION
Depth Drilled 66 Feet Depth Cased 65 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 66
8 Inches Feet 66 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>sch 40 RUC</u>	<u>0</u>	<u>65</u>

Perforations:
Type of perforation plc screen
Size of perforation .020
From 30 feet to 65 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 25 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 28 to 66 Pumped Poured
Type: MONTREY #3
Bentonite Chips: Yes No 25 to 28 Pumped Poured
Type: 3/8 HOLE PLUG

7. Water Level
Static water level: 33 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"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> 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: BOAT LONGYEAR Contractor
Address: 3894 Railroad Ave, Contractor
Yuba City, CA 95991
Nevada contractor's license number _____
issued by the State Contractor's Board 0021976
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2234
Signed: _____
By driller performing actual drilling on-site or contractor
Date: 11-13-08