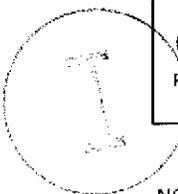


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 108028
Permit No. _____
Basin 070

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. 34.574

1. OWNER Flying J, Inc. ADDRESS AT WELL LOCATION 1880 W. Winnemucca Blvd
MAILING ADDRESS 1323 W. Center Street Winnemucca, Nevada
N. Salt Lake Utah 84154 Subdivision Name: _____ County: Humboldt
2. LOCATION SE 1/4 SW 1/4 Sec 30 T 36.0 S R 38 E Latitude N. 40° 57' 34.164" UTM E NAD 27
PERMIT/WAIVER No. 015-292-08 Longitude W. 117° 44' 52.341" N NAD 83/WGS 84
Issued by Water Resources _____ Parcel No. Facility# E-000971 MW-17

3. WORKED PERFORMED New Well Replace Recondition Deepen Other _____
4. PROPOSED USE Domestic Irrigation Test Municipal/Industrial Monitor Stock Cable Rotary RVC Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphaltic Concrete</u>		<u>0</u>	<u>1/2</u>	<u>1/2</u>
<u>Sand w/ silt, gravel</u>	<u>Wet</u>	<u>1/2</u>	<u>15</u>	<u>14 1/2</u>
		<u>15</u>	<u>25</u>	<u>10</u>

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
8 Inches 0 Feet 2.5 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 1/2</u>	<u>sch 40</u>	<u>ASTM F-480</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory slots
Size of perforation .020
From 5 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 3 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 4 to 25 Pumped Poured
Type: #3 Monterey sand
Bentonite Chips: Yes No 3 to 4 Pumped Poured
Type: 3/8 Bentonite Hole Plug

Date started: 7-23, 20 08
Date completed: 7-23, 20 08

7. Water Level
Static water level: 15.0 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>NA</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc. Contractor
Address 4255 W. Post Rd. Contractor
Las Vegas, Nevada 89118
Nevada contractor's license number _____
issued by the State Contractor's Board 054931
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-1944
Signed Thomas A. Beall
By driller performing actual drilling on-site or contractor
Date 7-30-08