

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

OFFICE USE ONLY
Log No. 108292
Permit No. _____
Basin 049

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. 63961

1. OWNER Sienna Pacific power Co ADDRESS AT WELL LOCATION 7002 800 Silver Street
MAILING ADDRESS PO Box 10100 MW-7 EIKO NV 89801
Reno NV 89520 Subdivision Name: _____ County: _____

2. LOCATION SE 1/4 NE 1/4 Sec 15 T 34 N/R 55 E Latitude 40° 50.037' UTM E NAD 27
PERMIT/WAIVER No. F-000883 001-352-005 Longitude 115° 45.475' N 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
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>1.2</u>	
<u>gravel fill</u>		<u>1.2</u>	<u>1.5</u>	
<u>Bram clay + silt</u>		<u>1.5</u>	<u>15</u>	
<u>Coarse sand + gravel + cobbles</u>		<u>15</u>	<u>25</u>	
<u>Bram clay + silt</u>		<u>25</u>	<u>31</u>	

40.834029° N
115.733016° W
NAD 27

9. WELL CONSTRUCTION
Depth Drilled 31 Feet Depth Cased 31 Feet

HOLE DIAMETER (BIT SIZE)
From 0 To 31
8 Inches 0 Feet 31 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.250</u>	<u>.64</u>	<u>.125</u>	<u>0</u>	<u>30</u>

Perforations:
Type of perforation Factory Slotted
Size of perforation .020
From 10 feet to 30 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	<u>1</u> to <u>5</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 8 to 31 Pumped Poured
Type: 2-12

Bentonite Chips: Yes No 5 to 8 Pumped Poured
Type: 3/8 chips

Date started: 2-28, 20 09
Date completed: 2-28, 20 09

7. Water Level
Static water level: 20 feet below land surface
Artesian Flow: N/A G.P.M. N/A P.S.I.
Water Temperature: N/A °F
Quality: good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>bailer</u>	<u>1.5</u>	<u>1</u>	<u>1/2</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name WDC Exploration + Wells Contractor
Address 570 Corinthian way Contractor
N Las Vegas NV 89030
Nevada contractor's license number issued by the State Contractor's Board 0012852
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M 2371
Signed _____
By driller performing actual drilling on site or contractor
Date 3-23-09