

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

OFFICE USE ONLY
Log No. 108412
Permit No. _____
Basin 670

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. 62822

1. OWNER PILOT TRAVEL CENTERS LLC.
MAILING ADDRESS PO BOX 10146
NE KNOXVILLE, TN. 37939-0146

ADDRESS AT WELL LOCATION 5625 W. I 80 WINNEMUCCA, NV.

Subdivision Name: _____ County: Humboldt

2. LOCATION SE 1/4 SW 1/4 Sec 10 T 35N N/S R 37 E
PERMIT/WAIVER No. NW 5-000212 Parcel No. 013-081-04

Latitude N40.93088' UTM E NAD 27
Longitude W117.80553' N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
ASPHALT	NO	0	.10	1
SAND/GRAVEL	NO	.10	1.5	1
SAND	NO	1.5	4	3
SILTY/SAND	NO	4	10.5	7
SAND	YES	10.5	30	20
<u>40.930977°N</u> <u>117.804565°W</u> <u>NAD83</u>				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
<u>30</u>		<u>30</u>		
HOLE DIAMETER (BIT SIZE)				
	From	To		
<u>8</u>	Inches	<u>0</u>	Feet	<u>30</u> 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</u>		<u>SCH. 40</u>	<u>0</u>	<u>30</u>

Perforations:
Type of perforation FACTORY SLOT
Size of perforation .020
From 25 feet to 30 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 2 Pumped Poured
 ≥30% Bentonite Grout 2 to 23 Pumped Poured
Gravel Pack: Yes No 23 to 30 Pumped Poured
Type: 10/20 SILICA SAND
Bentonite Chips: Yes No 2 to 23 Pumped Poured
Type: 3/4 BENTONITE CHIPS

7. Water Level
Static water level: 14.2 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: <85 °F
Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name HAZ TECH DRILLING, INC.
Contractor
Address PO BOX 940
Contractor
MERIDIAN, ID. 83680
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-2246
Signed Clayton Adams
By driller performing actual drilling on site or contractor
Date 3/30/2009

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			