

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. _____
 Permit No. _____
 Basin 030A

NOTICE OF INTENT NO. 64407

1. OWNER KINGS RIVER RANCH ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 129 KINGS RIVER RD N41°51'14.5" _____
OROVADA NEVADA 89425 W 118°14'10.9" SAME
 2. LOCATION NE 1/4 SW 1/4 Sec. 23 T. 46 (N) S R. 33 E HUMBOLDT County
 PERMIT NO. 5788/21321 Issued by Water Resources Parcel No. _____ Subdivision Name A-4 STOCK WELL

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	Thick-ness
SAND/GRAVEL		170	190	20
SANDY CLAY		190	210	20
SAND/GRAVEL		210	245	35
CLAY SEAMS		245	265	20

41.854131°N
 118.235343°W
 NAD27 (TA)

RECEIVED
 2009 OCT 23 AM 11:52
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 265 Feet Depth Cased 245 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 Inches 170 Feet 265 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>		<u>.188</u>	<u>145</u>	<u>245</u>

Perforations:
 Type perforation WHA SAW SLOT
 Size perforation 1/4 x 2
 From _____ feet to _____ feet
 From 145 feet to 245 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level: 171 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.25 °F Quality GOOD

Date started 9/28/09 2009
 Date completed 10/3/09 2009

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>10</u>	<u>10ft 5</u>	<u>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 KINGS RIVER RANCH Contractor
 Address 129 OROVADA NV 89425 Contractor
 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: 1712
 Signed Mike McTinch
 By driller performing actual drilling on site or contractor
 Date 10/2/09