

1174000.134
 W 114° 38.554' NAD83
 OFFICE USE ONLY 109378

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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 179

NOTICE OF INTENT NO 60887

1. OWNER Irlboeie ADDRESS AT WELL LOCATION US 93 @ Hayes Station 2
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec 8 T 25 N 65 E White Pine County
 PERMIT NO. 15434 Issued by Water Resources 08-110-06 Parcel No. Hayes 3 Subdivision Name

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
Torch Cut Perforations				
Pre-existing		20	386'	
Surface post		1	20	
1" x 1" bit perfect				
Abandonite		386	60'	
Cement plug			60' - surface	
Steel Plug			60'	
5600' gal 12.1 - 12.5 well gourd				
(abandonite)				
Casing clean below record level				
concrete capton 4' x 4' above surface				
Plugging well logs # 0995 AND 106458				
40.062 384' N				
114.641 711' W				
N90 27				

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet

HOLE DIAMETER (BIT SIZE)
 From 17 Inches To 0 Feet 400 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	unknown		1	344
12"	estimated		344	386

Perforations:
 Type perforation Torch Cut
 Size perforation 20-386
 From 20 feet to 386 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal No
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6/17/09, 20____
 Date completed 6/18/09, 20____

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 Green Drilling Inc Contractor
 Address PO 599 Contractor
Silver Spring NV 89408
 Nevada contractor's license number issued by the State Contractor's Board 0031841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 7/22/09