

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

OFFICE USE ONLY **109533**

Log No. _____
Permit No. _____
Basin **Ø 83**

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. **62244**

1. OWNER **Duraflex International Corp.**
MAILING ADDRESS **160 Wunotoo Road Sparks NV 89434**

ADDRESS AT WELL LOCATION **SAME Tracy Power Plant**
Subdivision Name: **N/A** County: **Storey**

2. LOCATION **SW ¼ NE ¼ Sec 33 T 200 N SR 22 E**
PERMIT/WAIVER No. **NEV 40004 N/A**

Latitude **N 39° 33.659'** UTM E NAD 27
Longitude **W 119° 31.148'** N NAD 83 **(VGS 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
MW 1				
grey-brown clayey gravel w/ sand cobbles + boulders		48.5	0 69	69
39.561091° N				
119.518135° W				
NAD 23 TA				

9. WELL CONSTRUCTION

Depth Drilled **69** Feet Depth Cased **67.5** Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
8.5 Inches	0 Feet	69 Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.70	0.308	0	67.5
		sch 40		

Perforations:

Type of perforation **slotted screened**

Size of perforation **0.020**

From **52.5** feet to **67.5** feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement **13** to **1.5** Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout **1.5** to **0** Pumped Poured

≥80% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **69** to **18** Pumped Poured

Type: **#12 SRI Supreme**

Bentonite Chips: Yes No **18** to **13** Pumped Poured

Type: **chips 3/8 medium hydro**

Date started: **3/4/09**

Date completed: **3/10/09**

7. Water Level
Static water level: **48.5** feet below land surface
Artesian Flow: **N/A** G.P.M. _____ P.S.I. _____
Water Temperature: **cold** °F
Quality: **Mucky**

8. **N/A** WELL TEST DATA

TEST METHOD: Bailor 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 **DALE A. LESHMAN** Contractor

Address **520 Edison Way Reno NV 89502** Contractor

Nevada contractor's license number **C.S. 4186**
issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1976**

Signed **Dale A. Leshman**
By driller performing actual drilling on site or contractor

Date **4/2/09**

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 2009 APR -9 AM 10:49
 STATE ENGINEERS OFFICE

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY