

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

OFFICE USE ONLY **109915**

Log No. _____
 Permit No. _____
 Basin **336A**

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 **64415**

1. OWNER **KINGS RIVER RANCH** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **129 KINGS RIVER ROAD** **N 41° 45' 24.1"** **MAP 83/WES 84**
OROVADA, NEVADA 89425 **W 118° 10' 39.3"**
 2. LOCATION **N 1/4 Sec. 29 T 45 R 34** **HUMBOLDT** County
 PERMIT NO. **20445** Issued by Water Resources Parcel No. _____
SHEEP RANCH SOUTH 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	Thickness
TOP SOIL		0	3	3
CLAY		3	15	12
SANDY CLAY		15	65	50
BROWN CLAY		65	95	30
CLAY / GRAVEL		95	100	5
GRAVEL / SAND	105	100	140	40
FINE GRAVEL / SAND		140	200	60
SOFT BROWN CLAY		200	210	10

41.756797° N
 118.176596° W
 N9027 (T)

2010 JAN 16 AM 11:22

8. WELL CONSTRUCTION
 Depth Drilled **210** Feet Depth Cased **210** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
12	0	100	Feet
8	100	210	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8		.188	0	210

Perforations:
 Type perforation **SAW SLOT**
 Size perforation **1/8 x 2**

From **110** feet to **210** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **100** feet to **50** feet

9. WATER LEVEL
 Static water level **77** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality **GOOD**

Date started **12/11/09**
 Date completed **12/29/09**

7. 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			

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 KINGS RIVER ROAD** Contractor
OROVADA, NEVADA 89425
 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 **Michael McKinch**
 By driller performing actual drilling on site or contractor
 Date **1/3/10**