

1. Cust 1
State 1

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

OFFICE USE ONLY
 Log No. 110186
 Permit No. 064
 Basin 59175

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.

1. OWNER Tra Little ADDRESS AT WELL LOCATION 2175 Arabian Rd
 MAILING ADDRESS 485 Element Dr Boyle MTN NV 89820
Boyle MTN NV 89820 Subdivision Name: _____ County: LANDON
 2. LOCATION SE 1/4 SW 1/4 Sec 16 T 32 N SR 45 E Latitude 40.641160°N UTM 507 267 NAD 27
 PERMIT/WAIVER No. _____ Longitude 116.914059°W NAD 83/WGS 84
N40 27 14

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
 4. PROPOSED USE Domestic Irrigation Test Monitor Stock Municipal/Industrial
 5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	5	5
SAND GRAVEL CLAY		5	20	15
SANDY CLAY		20	40	20
Blue CLAY		40	120	80
SANDY BLUE CLAY		120	140	20
TAN SANDY CLAY		140	200	60

9. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>		<u>.125</u>	<u>71</u>	<u>200</u>

Perforations:
 Type of perforation SAWED
 Size of perforation 3/16 x 3
 From _____ feet to _____ feet
 From 160 feet to 200 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 5 to 35 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥80% Bentonite Grout to _____ Pumped Poured
 Gravel Pack: Yes No 150 to 20 Pumped Poured
 Type: _____
 Bentonite Chips: Yes No 55 to 150 Pumped Poured
 Type: _____

Date started: 7-31 20 07
 Date completed: 8-4 20 07

7. Static water level: 25 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: cold °F
 Quality: Good

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 checked="" type="checkbox"/> Air Lift	<u>80F</u>	<u>UNK</u>	<u>3 Hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name L. B. J. Drilling Co.
 Address P.O. Box 902
Wmca NV 8944
 Nevada contractor's license number 9605
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1807
 Division of Water Resources, the on-site driller
 Signed [Signature]
 Date 8-12-07