

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

OFFICE USE ONLY
Log No. 110705
Permit No. _____
Basin φ7φ

FINALIZED MM

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. 64378

1. OWNER Pilot Travel Centers, LLC
MAILING ADDRESS 5508 Lonas Rd
Knoxville, TN 37909

ADDRESS AT WELL LOCATION 5625 West I-80
Winneemucca, NV 89445
Subdivision Name: _____ County: Humboldt

2. LOCATION NE 1/4 NE 1/4 Sec 8 T 35 R 37 E
PERMIT/WAIVER No. Each 5-000212 013-081-04
Issued by Water Resources Parcel No. _____

Latitude N 40.93037° UTM E NAD 27
Longitude W 117.80488° N NAD 83/WGS 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 AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Silt Gravel</u>	<u>NO</u>	<u>0</u>	<u>5</u>	<u>5</u>
<u>Silt Sand Gravel</u>	<u>NO</u>	<u>5</u>	<u>10</u>	<u>5</u>
<u>Sand Gravel</u>	<u>YES</u>	<u>10</u>	<u>15</u>	<u>5</u>
<u>Sand</u>	<u>YES</u>	<u>15</u>	<u>25</u>	<u>10</u>
<u>VE-11</u>				

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>12</u>	<u>0</u>	<u>25</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>SCH. 40</u>	<u>0</u>	<u>10</u>

Perforations:

Type of perforation Factory Slot
Size of perforation 1.020

From	To
<u>10</u>	<u>25</u>

Annular Seal: Yes No

Material	to	Method
<input type="checkbox"/> Neat Cement		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>4</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: 10/20 silica sand

Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: 3/8 Bentonite Chips

Date started: April 12th, 20 10
Date completed: April 12th, 20 10

7. Water Level
Static water level: 14 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: 285 °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

STATE ENGINEERS OFFICE
40:11144
2010 MAY -5 AM 11:04
RECEIVED

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name HAZ-Tech Drilling, Inc. Contractor
Address P.O. Box 940 Contractor
Meridian Id. 83680
Nevada contractor's license number _____
issued by the State Contractor's Board 003808
Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-18037-1
Signed David Stovels
By driller performing actual drilling on site or contractor
Date 4/25/10

USE ADDITIONAL SHEETS IF NECESSARY 40.930967°N
117.803915°W
N 40 22 (P)