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

OFFICE USE ONLY
Log No. 110811
Permit No. -
Basin 101

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. 64964-3

1. OWNER A&K Earthmovers, Inc.
MAILING ADDRESS P.O. Box 1059
Fallon, NV 89407
ADDRESS AT WELL LOCATION Bottom Rd.
Fallon, NV 89406
Subdivision Name: County: Churchill

2. LOCATION SE 1/4 SW 1/4 Sec 26 T 19N N/S R 28 E
PERMIT/WAIVER No. DEW-82 ID 3060
Latitude 39.47754 UTM E NAD 27
Longitude -118.81228 N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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 | Thick-ness |
|------------|--------------|------|----|------------|
| Brown Sand | | 0 | 12 | 12 |
| Brown Clay | | 12 | 26 | 14 |
| Brown sand | X | 26 | 50 | 24 |

RECEIVED
2010 APR -6 AM 11:14
STATE ENGINEERS OFFICE

Plugged by Well
Log # 111495

GPS NAD-27
39.477623° N
118.811293° W

9. WELL CONSTRUCTION

| Depth Drilled | Feet | Depth Cased | Feet |
|---------------|------|-------------|------|
| 50 | | 50 | |

HOLE DIAMETER (BIT SIZE)

| From | To |
|-----------|----------------|
| 22 Inches | 0 Feet 50 Feet |
| Inches | Feet |
| Inches | Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8.625 | 8.26 | .508 | 0 | 50 |

Perforations:

| Type of perforation | Well Screen |
|-------------------------|-------------|
| Size of perforation | 0.032 |
| From 10 feet to 50 feet | |
| From feet to feet | |
| From feet to feet | |
| From feet to feet | |

Annular Seal: Yes No

| | | | |
|--|-----------------|---------------------------------|--|
| <input type="checkbox"/> Neat Cement | to | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Cement Grout | to | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout | to | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input checked="" type="checkbox"/> ≥30% Bentonite Grout | 0 to 3 | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 50 to 3 | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| Type: | 3/8 Well gravel | | |
| Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | to | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| Type: | | | |

Date started: 9-Mar 20 10
Date completed: 9-Mar 20 10

7. Water Level
Static water level: 7 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> 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: Parsons Drilling, Inc. Contractor
Address: P.O. Box 1265 Contractor
Fallon, NV 89407
Nevada contractor's license number issued by the State Contractor's Board: 29064
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 2307
Signed: [Signature] driller performing actual drilling on site or contractor
Date: 3/11/2010

USE ADDITIONAL SHEETS IF NECESSARY

P10-I