

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

OFFICE USE ONLY
Log No. 110812
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. 64964-4

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 3063**
Issued by Water Resources Parcel No. _____

Latitude 39.47745 UTM E NAD 27
Longitude -118.81233 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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------|--------------|------|----|------------|
| Brown Sand | | 0 | 8 | 8 |
| Brown Clay | | 8 | 15 | 7 |
| Brown Sand | | 15 | 25 | 10 |
| Brown Clay | | 25 | 31 | 6 |
| Brown Sand | X | 31 | 50 | 19 |

9. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

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

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

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
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 3 Pumped Poured

Gravel Pack: Yes No 50 to 3 Pumped Poured
Type: 3/8 Well gravel

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

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

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]
by driller performing actual drilling on site or contractor
Date 3/11/2010

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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

Plugged by Well
Log # 111493

GPS NAD-27
39.477533 ° N
118.811343 ° W

USE ADDITIONAL SHEETS IF NECESSARY

PLD