

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

OFFICE USE ONLY
Log No. 111194
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. 64963-4027

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

2. LOCATION SW 1/4 NE 1/4 Sec 34 T 19N N/S R 28 E Latitude 39.47087 N UTM E NAD 27
PERMIT/WAIVER No. DEW-82 Longitude -118.82775 W 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
Sand		0	7	7
Clay		7	15	13
Sand	XX	15	30	12
<u>NAD-27 GRS</u>				
<u>39.470953°N</u>				
<u>118.826763°W</u>				
2010 JUL -8 AM 10:55 STATE ENGINEERING FIELD				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>30</u>		<u>30</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>22</u>	<u>0</u>	<u>30</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8.625</u>	<u>8.26</u>	<u>.508</u>	<u>0</u>	<u>30</u>

Perforations:

Type of perforation	Well Screen
Size of perforation	<u>0.032</u>
From <u>10</u> feet to <u>30</u> 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"/> 230% Bentonite Grout	<u>0</u> to <u>3</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

Gravel Pack: Yes No 30 to 3 Pumped Poured
Type: 3/8 Well gravel

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

Date started: 2-Jun, 20 10
Date completed: 2-Jun, 20 10

7. Water Level
Static water level: 3 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____ Unknown

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 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 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 6/24/2010