

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

OFFICE USE ONLY
Log No. 111397
Permit No. _____
Basin 097

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. 65002

1. OWNER Harold Robinson ADDRESS AT WELL LOCATION 160 Flanagan Crossing
MAILING ADDRESS P.O. Box 40055 Reno NV 89510
Reno, NV 89504 Subdivision Name: _____ County: Washoe

2. LOCATION SE 1/4 NW Sec 27 T 27N N/S R 18 E Latitude 40.18068 UTM E NAD 27
PERMIT/WAIVER No. 074-161-01 Longitude 119.95134 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 Stock
 Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC
 Air Other mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
gray clay		0	53	53
sand	x	53	56	3
green clay		56	72	16
sand	x	72	78	6
clay		78	92	14
sand	x	92	101	9
gray clay		101	115	14
sand	x	115	119	4
clay		119	123	4
sand	x	123	133	10
clay		133	140	7

40.180, 77.5°N NAD27 D.O.
119.950, 304°W

9. WELL CONSTRUCTION
Depth Drilled 140 Feet Depth Cased 140 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 140
11 Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.97</u>	<u>1.88 - 1.83</u>	<u>+2</u>	<u>140</u>

Perforations:
Type of perforation factory mill slot
Size of perforation 3/32
From 60 feet to 140 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 50 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 50 to 140 Pumped Poured
Type: 1/4 gravel
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 11-Jun, 20 10
Date completed: 18-Jun, 20 10

7. Water Level
Static water level: 35 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: salty/ unknown

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>10</u>	<u>40</u>	
<u>30</u>	<u>65</u>	
<u>30</u>	<u>105</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name McKay Drilling Inc. Contractor
Address 4850 Joule St. A5 Contractor
Reno, NV 89502
Nevada contractor's license number _____
issued by the State Contractor's Board 14170
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2121
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6/22/2010

MMH-F