

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

OFFICE USE ONLY
Log No. 111982
Permit No. -
Basin 104

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. 64386

1. OWNER NDEP ADDRESS AT WELL LOCATION Engle Gas 2152 N Carson St
MAILING ADDRESS 901 S Stewart St Ste 4001 Carson City, NV
Carson City NV 89701 Subdivision Name: _____ County: Carson City

2. LOCATION SW 1/4 NW 1/4 Sec 5 T 15 S R 20 E Latitude N 39.18044° UTM E NAD 27
PERMIT/WAIVER No. I-000030 001-032-05 Longitude W 119.76779° 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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>well debris</u>	<u>yes</u>	<u>0</u>	<u>25</u>	<u>25</u>
<u>core drill Existing well</u>				
<u>Install New Well</u>				
<u>No log on file for existing well</u>				
<u>MW-8A</u>				
<u>NAD-27 GDS</u>				
<u>39.180530 °N</u>				
<u>119.766775 °W</u>				

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</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>5</u>

Perforations:

Type of perforation factory slot
Size of perforation .020

From 5 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 2 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 4 to 25 Pumped Poured
Type: 1/2 silica sand

Bentonite Chips: Yes No 2 to 4 Pumped Poured
Type: 3/8 Bentonite Chips

Date started: August 16th 20 10
Date completed: August 16th 20 10

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: No G.P.M. _____ P.S.I. _____
Water Temperature: 63.5 °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump 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 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 0038218
Nevada driller's license number issued by the _____
Division of Water Resources on-site driller 2412-09-LTD

Signed [Signature]
by driller performing actual drilling on-site or contractor
Date 8/31/10