

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

OFFICE USE ONLY
 Log No. 113113
 Permit No. _____
 Basin 138

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 66451

1. OWNER **Ormat Technologies**
 MAILING ADDRESS **6225 Neil Rd.**
Reno, NV 89511

ADDRESS AT WELL LOCATION **Basin 138**
Austin, NV
 Subdivision Name: _____ County: **Lander**

2. LOCATION **NW¼SE¼ Sec1T21N/ R46E**
 Latitude **39.71338** UTM E _____ NAD 27
 Longitude **116.74879** N _____ NAD 83/WGS 84

PERMIT/WAIVER NO. _____ Parcel No. **005-300-01**
Issued by Water Resources

3. WORK 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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	1	1
Sand & Gravels Some Silts		1	26	25
Sand & Gravel w/sandy clays		26	203	177
Boulders		203	231	28
Sandy Clays w/sand,gravel		231	278	47
Brown & Black Volcanic w/streks of clay		278	331	53
Hard Volcanic Black & Brown		331	334	3
Brown & Black Vol, w/clays		334	369	35
Brown Sandy Clays,w/gravels		369	401	32
Broken Volcanics & Silts		401	419	18
Broken Vol. Sandy gray clays		419	469	50
Broken Vol. Sandy Brown clays		469	493	24
Broken Vol. Reddish brn clays		493	579	86
Gray Clay Some Volcanic		579	595	16
Well # 3				
Facility ID # DOI-BLM-NV-B010-2011-0015-EA				

Date started: **2-2, 20 11**
 Date completed: **2-4, 20 11**

9. WELL CONSTRUCTION

Depth Drilled **595** Feet Depth Cased **590** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
7 7/8 Inches **0** Feet **595** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		PVC80	+2	290

Perforations:
 Type of perforation **Saw cut**
 Size of perforation **3/32 X 1/8"**
 From **585** feet to **590** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement **0** to **50** Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout **50** to **275** Pumped Poured
 Gravel Pack: Yes No **275** to **295** Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **No Water** _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			3

RECEIVED
2011 MAR -8 AM 10:29

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)
 Address **1600 Mt. Rose Hwy**
(CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**
 Signed **R. Bruce MacKay**
 By driller performing actual drilling on site or contractor
 Date **2-21-11**