

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

OFFICE USE ONLY
 Log No. 114819
 Permit No. _____
 Basin 132

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. 67180

1. OWNER **Ormat Nevada, Inc.** ADDRESS AT WELL LOCATION **Jersey Valley**
 MAILING ADDRESS **6225 Neil Rd.**
Reno, NV 89511 Subdivision Name: _____ County: **Pershing**

2. LOCATION **SE¼SE¼ Sec28T27N/ R40E** Latitude **N40.17723** UTM E NAD 27
 PERMIT/WAIVER NO. R-697 Longitude **W117.47826** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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	Thickness
Broken volcanics, brown clays		0	60	60
Gravelly brown clay		60	80	20
Broken volcanics, brown clay silts.		80	90	10
Broken volcanics & grey, brown clays		90	110	20
Broken grey volcanics with grey clay silts		110	130	20
Grey clay silts w/gray volcanic		130	170	40
Broken grey volcanics & silts		170	270	100

MW #4

Well # 78-28

Facility ID #20110602
 * 20110629

Revised GPS - 8-12-11

9. WELL CONSTRUCTION

Depth Drilled **270** Feet Depth Cased **269** Feet

HOLE DIAMETER (BIT SIZE)

From	To
8 3/4 Inches	0 Feet 270 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	8.66	.188	+2	269

Perforations:

Type of perforation **Factory**
 Size of perforation **3/32 x 3"**

From	To
22 feet to 269 feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ 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 _____ to _____ Pumped Poured

Gravel Pack: Yes No **20** to **269** Pumped Poured
 Type: **1/4 x 1/8**

Bentonite Chips: Yes No **0** to **20** Pumped Poured
 Type: **1/4"**

Date started: **7-13, 2011**
 Date completed: **7-15, 2011**

7. Water Level

Static water level: **109'** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **89** °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
Draw Down (Feet Below Static)		
3	3	
40.177230	NAD 27	
117.478260		

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 **23095** **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **01790**

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor

Date **7-26-11**