

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 4676

1. OWNER RIO KING RANCH ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. BOX 22 orovada, NV KINGS RIVER VALLEY, KINGS RIVER, NV
89425 - kings river valley, nv

2. LOCATION NW 1/4 NW 1/4 Sec. 27 T. 44N N/S R. 34 E humboldt County _____
 PERMIT NO. 17331 Issued by Water Resources NONE Parcel No. NONE Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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
top soil		0	2	2
med. to crs sand w/cly mx		2	15	13
brn clay		15	31	16
fine to crs sand		31	35	4
sandy brn clay		35	65	30
fine to med. brn sand		65	75	10
fine to crs brn sand		75	79	4
brn clay		79	95	16
dry hrd brn clay		95	105	10
dry hard brn clay		105	115	10
redish clay		115	120	5
tan & white clay		120	125	5
brn & tan clay		125	135	10
med. to crs sand & small gravel		135	143	8
brown clay		143	181	38
fine to crs snd & sm grvl		181	185	4
med. to crs snd & sm grvl		185	195	10
brn clay		195	202	7
med. to crs sand		202	205	3
med. to crs sand		205	207	2
brn clay		207	211	4
med. to crs snd & sm grvl		211	213	2
brn clay		213	215	2
brn clay-sme snd middle mixed in		215	225	10
sandy brn clay		225	235	10
med. to crs sand		235	245	10
med. to crs. snd & sm grvl		245	249	4

8. WELL CONSTRUCTION
 Depth Drilled 603 Feet Depth Cased 603 Feet

HOLE DIAMETER (BIT SIZE)
 From To
26" Inches 0 Feet 603 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18"	59.03	.312	+18"	200'
18"	59.03	.312	590'	603'

Perforations: SCREENS
 Type perforation Johnsons
 Size perforation 80 Slot

From 200' feet to 590' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50' feet to 603' feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name PETE COPE DRILLING CO., INC. Contractor
 Address 6505 W. CHINDEN BLVD. Contractor
MERIDIAN, ID. 83642

Nevada contractor's license number issued by the State Contractor's Board 13443
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1484

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11/15/93

Date started 11/8 1993
 Date completed 11/11 1993

7. 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			

NOV 18 10 55 AM '93
 STATE CONTRACTOR

OFFICE USE ONLY
 Log No. 42814
 Permit No. _____
 Basin _____

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NOTICE OF INTENT NO. _____

1. OWNER _____ ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION _____ 1/4 Sec _____ T _____ N/S R _____ E _____ County _____
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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	Thickness
brn clay		249	255	6
brn clay w/snd mixed		255	265	10
med sand & snd grvl		265	275	10
brn clay		275	289	14
sand, small gravel		289	295	6
brn clay w/sme snd mix		295	303	8
sand, small gravel		303	315	12
brn clay		315	323	8
med. sand		323	325	2
brn clay		325	330	5
med. to crs sand		330	335	5
brn clay		335	341	6
med. to crs sand		341	345	4
brn clay				
med. to crs sand & small gravel		345	360	15
sandy brn clay		360	363	3
fine to crs snd&sm grvl		363	367	4
sandy brn clay w/streaks of fine to med sand		367	385	18
sandy brn clay w/fine to med. sand mixed		385	395	10
sandy brn clay		395	402	7
med. to crs snd&sm grvl		402	407	5
sandy brn clay w/streaks of fine to crs sand		407	415	8
fine to crs sand&sm grvl		415	422	7
sandy brn clay w/strks of fne to crs snd		422	435	13
fne to crs sand		435	445	10

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Fect)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
 Signed _____ By driller performing actual drilling on site or contractor
 Date _____

Date started _____, 19____
 Date completed _____, 19____

7. 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			