

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 12819
 Permit No. _____
 Basin 2-30a

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 18067

1. OWNER RIO KING RANCHES COMPANY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS KINGS RIVER VALLEY KINGS RIVER VALLEY, KINGS RIVER, NV
BOX 122 Orovada, Nev. 89425 KINGS RIVER, NV

2. LOCATION SW 1/4 NW 1/4 Sec 25 T 46N N/S R 33E E HUMBOLDT County

PERMIT NO. 17102 Issued by Water Resources Parcel No. NONE Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon BEST WELL

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	8	8
med. to crse sand		8	50	42
course sand & gravel		50	80	30
sand		80	130	50
med. sand		130	150	20
med brn sandy clay		150	162	12
conglomerate & sand		162	187	25
med to crse sand		187	230	43
med brn sandy clay		230	240	10
course sand		240	280	40
med. brn sandy clay		280	290	10
course sand		290	330	40
med brn sandy clay		330	335	5
sand & gravel		335	400	65
sand & gravel		400	458	58
sand & pea gravel		458	538	80
med. to crse sand		538	578	40
crse sand & pea gravel		578	590	12
conglomerate		590	600	10

'93 NOV -2 P1153
 RECEIVED
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 600 Feet Depth Cased none Feet

HOLE DIAMETER (BIT SIZE)
 From To
9 7/8" Inches 0 Feet 600 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
	NONE			

Perforations:
 Type perforation NONE
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

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

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
6505 W. CHINDEN
 Address _____
MERIDIAN, IDAHO 83642 Contractor
 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 Joseph Cope
 By driller performing actual drilling on site or contractor
 Date 10/29/93

Date started 9-18 1993
 Date completed 9-21 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			
	<u>NONE</u>		