

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

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

Log No. _____
 Permit No. _____
 Basin **070**

NOTICE OF INTENT NO. **46748**

1. OWNER **Winnemucca Travel Centers, LLC** ADDRESS AT WELL LOCATION **Former Unocal Station on the North Side of I-80 at Exit 173 in Winnemucca**
 MAILING ADDRESS **9220 Hidden Bay Lane Orlando, Florida, 32919**
 2. LOCATION **SE 1/4 SW 1/4 Sec 3 T. 35 N. R. 37 E. Humboldt** County
 PERMIT NO. **NOEP 5-000212** Parcel No. **013-081-04** 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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand + Gravel	N/A	0	3	3
Silty Sands	N/A	3	15	12
Sand	15-25	15	25	10
NAD 83				
2839528.68 Easting				
15375123.90 Northing				
N 40.931678				
W 117.804722 NAD20				

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **25** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **25** Feet
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		sch 40	0	7 1/2

Perforations:
 Type perforation **Factory**
 Size perforation **0.20**
 From **7 1/2** feet to **25** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **5 1/2** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured **0-3 Concrete Grout**
3-5 1/2 Bentonite
CHIPS
 Gravel Packed: Yes No
 From **5 1/2** feet to **25** feet

9. WATER LEVEL
 Static water level **14.6** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **< 85** °F Quality _____

Date started **10-15**, 20**07**
 Date completed **10-15**, 20**07**

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift
 G.P.M. Draw Down (Feet Below Static) Time (Hours)
 STATE ENGINEERS OFFICE
RECEIVED
2007 OCT 19 AM 11:10
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 **Naz Tech Drilling, Inc.** Contractor
 Address **P.O. Box 940 Meridian, Id. 83680** Contractor
 Nevada contractor's license number **0038018** issued by the State Contractor's Board
 Nevada driller's license number issued by the **M-1803** Division of Water Resources, the on-site driller
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **10-17-07**