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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

NOTICE OF INTENT NO. 56364

1. OWNER US Navy ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4755 Pasture Road Bldg _____
308, NAS Fallon NV 89496 _____
 2. LOCATION SW 1/4 SE 1/4 Sec. 18 T 21 N/S R 35 E _____
Churchill County
 PERMIT NO. na 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	Thick-ness
The well was plugged with neat cement by tremie pipe from total depth to surface. and well casing was pulled				
N 39.68043 W 118.08868 NAD83 (from NDI)				
N 39.680527 W 118.087720 NAD27				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
 From 4 Inches To 0 Feet To 20 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation unk
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 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 1 G.P.M. 4 P.S.I.
 Water temperature 55 °F Quality poor

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Knoblock & Sons Pump and Supply Contractor
 Address 5425 Spanish Moss Contractor
Sparks NV 89436
 Nevada contractor's license number issued by the State Contractor's Board 49162
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller AB-2213
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/30/2007

Date started 9/12/ _____, 2007
 Date completed 9/12 _____, 2007

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>23</u>	<u>10:10:00</u>