

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

OFFICE USE ONLY

Log No. 108133
 Permit No. _____
 Basin 257

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. 63717

1. OWNER **Guy Bakker** ADDRESS AT WELL LOCATION **Antelope Valley**
 MAILING ADDRESS **HC 61 Box 146** **Battle Mtn, NV 89820**
Battle Mtn, NV 89820 Subdivision Name: _____ County: **Lander**

2. LOCATION **NE¼NW¼ Sec33T25N/ R41E** Latitude **40.00384w** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **76945** Longitude **-117.36963n** 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & Gravel		0	55	55
Brown Clay		55	73	18
Sand & Gravel		73	86	13
Brown Clay		86	98	12
Small Gravel	X	98	112	14
Brown Clay, Hard		112	123	11
Brown Clay, Soft		123	157	34
Large Gravel	X	157	168	11
Brown Clay		168	173	5
Gravel	X	173	189	16
Brown Clay		189	205	16
Gravel	X	205	226	21
Brown Clay		226	265	39
Brown Clay w/streaks & Gravel	X	265	381	116
Gray Clay		381	406	25
Brown Clay		406	432	26
Brown Clay w/Gravel	X	432	486	54
Brown Clay		486	500	14

N40.003923
W 117.368691 NAD27

9. WELL CONSTRUCTION

Depth Drilled **500** Feet Depth Cased **500** Feet

HOLE DIAMETER (BIT SIZE)

From	To
36 Inches	0 Feet 50 Feet
26 Inches	50 Feet 500 Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42.1	.250	0	500
30	118.70	.375	0	5
30	39.5	.109	5	50

Perforations:

Type of perforation **Mill Cut**

Size of perforation **1/4" Double Row**

From **419** feet to **500** feet
 From **325** feet to **397** feet
 From **120** feet to **303** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout **0** to **50** Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No **0** to **500** Pumped Poured
 Type: **3/4"**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **1/05/ 20 09**
 Date completed: **1/9, 20 09**

7. Water Level

Static water level: **101** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **unknown**

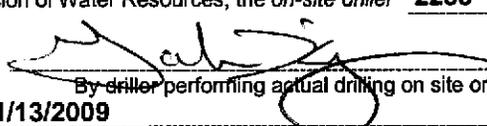
8. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		
	G.P.M.	Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift <input type="checkbox"/>	Time (Hours)
Owner	do test	pump	

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Parsons Drilling, Inc** (CONTRACTOR)
 Address **P.O. box 1265** (CONTRACTOR)
Fallon, NV 89407
 Nevada contractor's license number issued by the State Contractor's Board **29064**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2285**

Signed 
 By driller performing actual drilling on site or contractor
 Date **1/13/2009**