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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 **044**

NOTICE OF INTENT NO. **60137**

1. OWNER **KEY RANCHES LLC** ADDRESS AT WELL LOCATION **NONE**  
 MAILING ADDRESS **8555 Double R Blvd**  
**RENO, NV 89511**

2. LOCATION **SE 1/4 SE 1/4 Sec. 25 T. 36 N. R. 54 E. F140** County \_\_\_\_\_  
 PERMIT NO. **76512/7523** Parcel No. **NONE** Subdivision Name \_\_\_\_\_  
Issued by Water Resources

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
<i>Alluvial clay, sand, gravel, boulders</i>		0	60	60
<i>Sand &amp; gravel</i>	✓	60	65	5
<i>Black, hard shale</i>		65	125	60
<i>Dolomite (dark gray)</i>		125	170	45
<i>Void</i>	?	170	171	1
<i>Dolomite</i>		171	205	34
<i>Void</i>	?	205	206	1
<i>Dolomite</i>		206	220	14
<i>G.P.S.</i>				
<i>40.97401 N</i>				
<i>115.83321 W NAD27</i>				

8. WELL CONSTRUCTION  
 Depth Drilled **220** Feet Depth Cased **222** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<b>10</b>	0	65	65	65
<b>8</b>	65	220	220	220

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>.150</b>	<b>12</b>	<b>220</b>

Perforations:  
 Type perforation **Torch cut**  
 Size perforation **1/8" x A"**  
 From **134** feet to **154** feet  
 From **174** feet to **214** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **52**  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
**Bentonite**

Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started **9-22**, 20**08**  
 Date completed **10-1**, 20**08**

9. WATER LEVEL  
 Static water level **104** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **50.0** °F Quality **good**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>15</b>	<b>36</b>	<b>2 hrs</b>
<i>plugged by log 122048</i>		
<i>replaced by log 122048</i>		

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Muth Drilling Co.** Contractor  
 Address **203 Pine St., Elko, NV 89801** Contractor  
 Nevada contractor's license number issued by the State Contractor's Board **10819**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **632**  
 Signed **James V. Muth**  
 By driller performing actual drilling on site or contractor  
 Date **10-2-08**