

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

OFFICE USE ONLY **109001**
 Log No. _____
 Permit No. **070**
 Basin _____
 NOTICE OF INTENT NO. **64344**

PRINT OR TYPE ONLY

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

1. OWNER **Rob Silva** ADDRESS AT WELL LOCATION **Sego Road**
 MAILING ADDRESS **PO Box 1883 Winnemucca, NV 89446** **Winnemucca, NV**
 Subdivision Name: _____ County: **Humboldt**

2. LOCATION **NE 1/4 SE 1/4 Sec 13 T35N R37E** Latitude **0436064** UTM E **UTM** NAD 27
 PERMIT/WAIVER NO. **N/A** Parcel No. **013-581-06** Longitude **4528459** N NAD 83/WGS 84

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		0	2	2
Clay/rock boulders		2	10	8
clay/cobles		10	80	70
cobles/gravel		80	100	20
clay		100	150	50
sand/gravel		150	155	5
clay		155	180	25
clay		180	190	10
coble/gravel		190	200	10
gravel	X	200	240	40
clay		240	245	5
sand/gravel	X	245	295	50

9. WELL CONSTRUCTION

Depth Drilled **295** Feet Depth Cased **295** Feet

HOLE DIAMETER (BIT SIZE)

From	To
11 Inches	0 Feet 295 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	10	188	+1	20
6.625	4	316	20	295

Perforations:
 Type of perforation **Factory Cut Slots**
 Size of perforation **050**

From	To
255 feet to	295 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 50	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50 to 295	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

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

Date started: **September 2, 20 09**
 Date completed: **September 10, 20 09**

7. Water Level

Static water level: **165** feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Good**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump Draw Down	<input checked="" type="checkbox"/> Air Lift
G.P.M.		(Feet Below Static)	Time (Hours)
30			4

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Fred Anderson Drilling, Inc.** (CONTRACTOR)
 Address **10760 S. Grass Valley Road** (CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board **021467**
 Nevada driller's license number issued by the Division of Water Resources / the on-site driller **2083**
 Signed *Fred Anderson*
 By driller performing actual drilling on site or contractor
 Date **October 9, 2009**