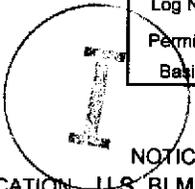


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY 109491

Log No. _____
Permit No. _____
Basin 128



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

1. OWNER U.S. Geological Survey
MAILING ADDRESS 2730 N. Deer Run Rd.
CARSON CITY NV 89701

ADDRESS AT WELL LOCATION U.S. BLM Land, Dixie Valley, NV
HA 128

Subdivision Name: NA County: Churchill

2. LOCATION NW 1/4 NE 1/4 Sec 28 T 22N N/S R 35 E
PERMIT/WAIVER No. M/O 1533 NA

Latitude 39°45'07.79621" UTM E 410176.069 NAD 27
Longitude -118°02'54.62690" N 4400776.217 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Monitor
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Hand Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
salt crust on surface, brown dry clay		0	1.33	1
dark brown moist clay		1.33	2	1
moist, moldable brown clay		2	2.25	0
brown clay, higher moisture content		2.25	4	2
saturated brown clay	W	4	4.33	0
dark green and grey clay		4.33	5.08	1
less saturated brown clay		5.08	6.83	2
drier, brown clay with green clay lenses		6.83	7.25	0
deep aqua-green tight clay		7.25	7.75	1
black clay, sulfuric smell		7.75	10	2

39.752249° N
118.047543° W
NAD 27 (TD)

9. WELL CONSTRUCTION

Depth Drilled 10 Feet Depth Cased 10 Feet

HOLE DIAMETER (BIT SIZE)

From 4 Inches To 10 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1</u>		<u>Schedule 40</u>	<u>0</u>	<u>5</u>

Perforations:

Type of perforation Machined Slot
Size of perforation .02

From 5 feet to 10 feet

Annular Seal: Yes No

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

Gravel Pack: Yes No 2.5 to 10 Pumped Poured
Type: _____ Coarse Sand #6

Bentonite Chips: Yes No 0 to 2.5 Pumped Poured
Type: _____ 3/8 Bentonite

Date started: 17-Mar 20 09
Date completed: 17-Mar 20 09

7. Water Level

Static water level: 4.0 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: _____

8. WELL TEST DATA

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

Stamp: STATE ENGINEERS OFFICE
78:6 1-1446002
2009 MAY 1

10. DRILLER'S CERTIFICATION

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

Name JAMES L WOOD Contractor
Address 2730 N DEER RUN ROAD Contractor
CARSON CITY NV 89701

Nevada contractor's license number _____
issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller FP-2178

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 4/30/09

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY