

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

OFFICE USE ONLY
Log No. 110690
Permit No. _____
Basin φ 7 φ

FINALIZED mm

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

NOTICE OF INTENT NO. 04378

1. OWNER Pilot Travel Centers, LLC ADDRESS AT WELL LOCATION 5625 West J-80
MAILING ADDRESS 5508 Lonas Rd Winnemucca, NV 89445
Knoxville, TN 37909 Subdivision Name: _____ County: Humboldt

2. LOCATION NE 1/4 NE 1/4 Sec 10 T 35 N R 37 E Latitude N 40.93055° UTM E NAD 27
PERMIT/WAIVER No. fact 5-000212 013-081-04 Longitude W 117.80609° N 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 Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Well materials</u>		<u>0</u>	<u>25</u>	<u>25</u>
<u>Overdrill</u>				
<u>2" to 4"</u>	<u>14'</u>			
<u>Mw-20</u>				

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>12</u>	<u>0</u>	<u>25</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>sch 40</u>	<u>0</u>	<u>10</u>

Perforations:

Type of perforation Factory slot
Size of perforation .020

From	feet to	feet
<u>10</u>	<u>25</u>	

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 6 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: 10/20 silica sand
Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: 3/8 Bentonite chips

Date started: April 6th , 20 10
Date completed: April 6th , 20 10

7. Water Level

Static water level: 14 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: 28.5 °F
Quality: _____

8. 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			

STATE ENGINEERS OFFICE
2018 MAY 5 AM 11:03
RECEIVED

10. DRILLER'S CERTIFICATION

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

Name Hax-Tech Drilling Inc Contractor
Address P.O. Box 940 Contractor
Meridian Id. 83680
Nevada contractor's license number _____
issued by the State Contractor's Board 0038018
Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-18037-1
Signed David J. [Signature]
By driller performing actual drilling on site or contractor
Date 4/25/10