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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

NOTICE OF INTENT NO. 59942

1. OWNER David & Amy Simmons ADDRESS AT WELL LOCATION None
 MAILING ADDRESS P.O. Box 1395 Overton, NV. 89040 Wgs. 84 N 38° 53.922'
W 115° 02.495'
 2. LOCATION NE 1/4 SE 1/4 Sec. 18 T. 12 N. R. 62 E. White Pine County
 PERMIT NO. N/A Issued by Water Resources Parcel No. 013-043-12 Subdivision Name None

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	Thick-ness
Top Soil		0	2	
Clay		2	4	
cobbles gravel clay		4	43	
clay		43	57	
gravel		57	63	
clay		63	65	
gravel		65	66	
clay		66	73	
gravel	water	73	101	
clay		101	109	
gravel	water	109	114	
clay		114	115	
gravel	water	115	122	
clay		122	124	

38.898757° N
 115.040733° W
 N 27 27 (T 8)

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8. WELL CONSTRUCTION
 Depth Drilled 124 Feet Depth Cased 124 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 60 Feet
8 Inches 60 Feet 80 Feet
6 Inches 80 Feet 124 Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.9</u>	<u>.188</u>	<u>-3</u>	<u>124</u>

 Perforations:
 Type perforation mill
 Size perforation 4 x 2.5 x 6 row
 From _____ feet to _____ feet
 From 84 feet to 124 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 80 feet to 50 feet

Date started April 5, 2010
 Date completed May 13, 2010

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>40</u>	<u>3.5'</u>	<u>1</u>

9. WATER LEVEL
 Static water level 67 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Maynard Well Drilling Contractor
 Address P.O. Box 64 Lund, NV 89317 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 042226
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556
 Signed Quinn Maynard
 By driller performing actual drilling on site or contractor
 Date May 18 - 2010