

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

OFFICE USE ONLY
Log No. 110885
Permit No. -
Basin 101

**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. 56855

1. OWNER Time Oil Company ADDRESS AT WELL LOCATION Facility ID 5-000110 MW-6
MAILING ADDRESS 2737 W. Commodore Way 1325 S. Taylor Street Fallon, NV
Seattle, WA Subdivision Name: _____ County: Churchill Washoe

2. LOCATION Sw ¼ SW ¼ Sec 31 T 19N N/S R 29 E Latitude 39°27'39.41" N UTM E NAD 27
PERMIT/WAIVER No. 001-461-01 Longitude 118°47'07.29" W 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 Municipal/Industrial Monitor Stock

5. WELL TYPE Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0	1	1
Base Fill		1	3	2
Sand	8'	3	20	17
<u>GPS NAD-27</u>				
<u>39.461029° N</u>				
<u>118.784373° W</u>				

9. WELL CONSTRUCTION

Depth Drilled 20 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>20</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

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>20</u>

Perforations:

Type of perforation Slot Screen

Size of perforation .010

From	feet to	feet
<u>5</u>	<u>20</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>2</u>	<input type="checkbox"/> Pumped	<input checked="" 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: Yes No 4 to 20 Pumped Poured

Type: #3 Sand

Bentonite Chips: Yes No 2 to 4 Pumped Poured

Type: Medium Chips

7. Water Level

Static water level: 8 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

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

Name Cascade Drilling, L.P. Contractor

Address 3632 Omec Circle Contractor

Rancho Cordova, CA 95742

Nevada contractor's license number issued by the State Contractor's Board 0073966

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1977

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

Date 1/23/10