

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

OFFICE USE ONLY
Log No. 111192
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. 64963-4025

1. OWNER A&K Earthmovers, Inc.
MAILING ADDRESS P.O. Box 1059
Fallon, NV 89407

ADDRESS AT WELL LOCATION Bottom Rd.
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. LOCATION SW ¼ NE ¼ Sec 34 T 19N N/S R 28 E
PERMIT/WAIVER No. DEW-82
Issued by Water Resources Parcel No. _____

Latitude 39.47107 N UTM E NAD 27
Longitude -118.82743 W N NAD 83/WGS 84

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

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Sand		0	5	5
Clay		5	18	13
Sand	XX	18	30	12
NAD-27 GPS 39.471153°N 118.826443°W				
RECEIVED 2010 JUL -8 AM 10:56 STATE ENGINEER'S OFFICE				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
30		30		
HOLE DIAMETER (BIT SIZE)				
22	Inches	0	Feet	30 Feet
	Inches		Feet	Feet
	Inches		Feet	Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	8.26	.508	0	30

Perforations:				
Type of perforation	Well Screen			
Size of perforation	0.032			
From	10	feet to	30	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet

Annular Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Neat Cement	to		<input 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 checked="" type="checkbox"/> ≥30% Bentonite Grout	0	to	3	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30	to	3	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type:	3/8 Well gravel			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	to			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type:				

Date started: 1-Jun, 20 10
Date completed: 1-Jun, 20 10

7. Water Level
Static water level: 3 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA			
TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 Parsons Drilling, Inc.
Contractor
Address P.O. Box 1265
Contractor
Fallon, NV 89407
Nevada contractor's license number issued by the State Contractor's Board 29064
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2307
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6/24/2010