

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL *Plugging* REPORT

OFFICE USE ONLY
 Log No. 111453
 Permit No.
 Basin 038

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. 65708

1. OWNER Bruneau River Ranch LLC
 MAILING ADDRESS P.O. Box 920 Lake Oswego, OR 97034

ADDRESS AT WELL LOCATION 3 miles S of Charleston

2. LOCATION NW 1/4 SE 1/4 Sec 10 T 43 N R 57 E
 PERMIT/WAIVER No. 006-620-001
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: Eiko
 Latitude 41.633983° N UTM E NAD 27
 Longitude 115.524200° W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Abandon

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
Well was perforated with mills kni 4 rows from 108 to 25 and appea to have cement from 25 to surface				
Pumped abandonite from 108 to 25 and pumped cement from 25 to -2				
<i>See replacement well drilled under log #112176 Plugging of Well Log # 7467</i>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet	
HOLE DIAMETER (BIT SIZE)				
	From	To		
	Inches	Feet	Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	-2	108
Perforations:				
Type of perforation	<u>mills knife</u>			
Size of perforation	<u>40</u>			
From <u>25</u>	feet to	<u>108</u>	feet	
From	feet to		feet	
From	feet to		feet	
From	feet to		feet	
From	feet to		feet	
Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> Neat Cement	<u>-2</u> to <u>20</u>	<input checked="" 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 type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Gravel Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Type:				
Bentonite Chips: <input type="checkbox"/> Yes <input type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
Type:				

Date started: 27-Jul 2010
 Date completed: 27-Jul 2010

7. Water Level
 Static water level: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °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)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Alternative Drilling
Contractor
 Address P.O. Box 281166
Contractor
Lamoille, NV 89828
 Nevada contractor's license number
 issued by the State Contractor's Board 73955
 Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller 1689
 Signed *Don*
By driller performing actual drilling on site or contractor
 Date 7-29-2010

USE ADDITIONAL SHEETS IF NECESSARY

PLO.F
 MANT-8