

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

OFFICE USE ONLY
Log No. 111700
Permit No. -
Basin 070

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. 66099

1. OWNER Pilot Travel Centers, LLC c/o Property Tax Dept. ADDRESS AT WELL LOCATION Facility ID: 5-000212 MW-30
MAILING ADDRESS P.O. Box 54470 Lexington, KY 40555 5625 W. I-80 Exit 173 Winnemucca, NV
Subdivision Name: _____ County: Humboldt

2. LOCATION SE 1/4 SW 1/4 Sec 3 T 35N N/S R 37 E Latitude 40°55'53.59" UTM E NAD 27
PERMIT/WAIVER No. 013-081-04 Longitude 117°48'17.94" 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	Thickness
Brown sand, semi fine coarse mix		0	10	10
Coarse sands fine sand mix, dark black gray mix		10	25	15
<u>NAD-27 GPS</u>				
<u>40.931649°N</u>				
<u>117.804018°W</u>				
<u>MW#30</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>25</u>		<u>25</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</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>25</u>

Perforations:

Type of perforation	Slot
Size of perforation	<u>.010</u>
From <u>5</u> feet to <u>25</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>3</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 25 Pumped Poured
Type: #3 Sand

Bentonite Chips: Yes No 3 to 4 Pumped Poured
Type: Bentonite Chips

Date started: 16-Aug , 20 10
Date completed: 19-Aug , 20 10

7. Water Level
Static water level: 17 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

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 73966

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2373

Signed _____
By driller performing actual drilling on site or contractor

Date August 30, 2010

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY