

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **111879**
 Permit No. _____
 Basin **230**

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. **33218**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK
Rockview Dairies Inc

1. OWNER **PONDEROSA DAIRY**
 MAILING ADDRESS **PO BOX 70**
AMARGOSA, NV 89020

ADDRESS AT WELL LOCATION **MW-2A**

2. LOCATION **NW** 1/4 **SE** 1/4 Sec. **10** T **17**
 PERMIT NO. _____
 Issued by Water Resources **19-381-24** Parcel No. _____

N/S R **49** E **NYE** County
 Subdivision Name _____

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
CEMENTED SAND & GRAVEL		0	20	20
SAND LIGHTY CEMENTED		20	80	60
CEMENTED SAND & GRAVEL		80	90	10
SANDY CLAY		90	100	10
SAND & GRAVEL		100	120	20
SAND	WB	120	140	20
SAND & GRAVEL	WB	140	160	20

MW-2A
 FACILITY ID #NV0023027
 N36°29'13.170"
 W116°26'17.837"
 CONCRETE:0-10
 NEAT:10-90
 BENTONITE:90-97

DCNR/DWR RECEIVED
 JUN 28 2010
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8 3/4 Inches	0	160
Inches		
Inches		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4	2.06	.237	0	150

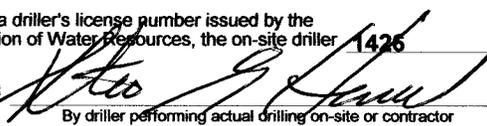
Perforations:
 Type perforation **SCREEN**
 Size perforation **.020**

From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Surface Seal: Yes No
 Depth of Seal **97**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **97** feet to **150** feet

9. WATER LEVEL
 Static water level **100** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **GREAT BASIN DRILLING CO. OF NEVADA, INC.** Contractor
 Address **1220 E MANSE RD** Contractor
PAHRUMP, NV. 89048
 Nevada contractor's license number issued by the State Contractor's Board **47333**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1426**
 Signed 
 By driller performing actual drilling on-site or contractor
 Date **6/22/2010**

7. 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)	