

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

OFFICE USE ONLY
Log No. 115212
Permit No. 78267
Basin 188

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. 67995

1. OWNER Pegunungan Conservancy ADDRESS AT WELL LOCATION _____
MAILING ADDRESS P.O. Box 73351
Reno, NV 89510 Subdivision Name: _____ County: EIKO

2. LOCATION NW 1/4 NE 1/4 Sec 17 T 38 N R 65 E Latitude 41° 14' 39.11" N UTM E _____ NAD 27
PERMIT/WAIVER No. 78267 Parcel No. 009.350.010 Longitude 114° 10' 58" 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	Thickness
top soil		0	2	2
ash		2	30	28
brown hardrock		30	140	110
ash		140	160	20
brown hardrock		160	260	100
broken up rock	260	260	320	60
hard gray rock	310	320	340	20

9. WELL CONSTRUCTION
Depth Drilled 340 Feet Depth Cased 340 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 340 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/FT (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>73</u>	<u>340</u>

Perforations:
Type of perforation mill slot
Size of perforation 3/16 x 3
From 320 feet to 340 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 100 to 340 Pumped Poured
Type: pea gravel
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 4.13 .20 12
Date completed: 4.16 .20 12

7. Water Level
Static water level: 110 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °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 checked="" type="checkbox"/> Air Lift	<u>35</u>		<u>6</u>

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 Co LLC Contractor
Address P.O. Box 281166 Contractor
Lamoille, NV 89828
Nevada contractor's license number 73955
issued by the State Contractor's Board
Nevada driller's license number issued by the 1689
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 4-11-2012

41.182855° N
114.652188° W NAD 27

USE ADDITIONAL SHEETS IF NECESSARY