

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

OFFICE USE ONLY
Log No. 116519
Permit No. 069
Basin 069

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. 68490

1. OWNER Pauline Lambert & Victor Trust ADDRESS AT WELL LOCATION 3520 Georgia Circle
MAILING ADDRESS 4005 Lambert Dr. Winnemucca NV. 89445 Subdivision Name: _____ County: Humboldt

2. LOCATION NE 1/4 SW 1/4 Sec 10 T 37 N R 38 E Latitude N41° 05.743 UTM E NAD 27
PERMIT/WAIVER No. R-723 1006-62-49 Longitude W117° 41.429 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
<u>Sand</u>	<u>NO</u>	<u>0</u>	<u>6</u>	<u>6</u>
<u>Clay</u>	<u>NO</u>	<u>6</u>	<u>20</u>	<u>14</u>
<u>Clay Gravel</u>	<u>NO</u>	<u>20</u>	<u>30</u>	<u>30</u>
<u>Gravel sand clay</u>	<u>Yes</u>	<u>50</u>	<u>100</u>	<u>50</u>

9. WELL CONSTRUCTION

Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10 7/8</u>	<u>0</u>	<u>100</u>	<u>100</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/4</u>	<u>Steel</u>	<u>0.188</u>	<u>0</u>	<u>20</u>
<u>6 3/4</u>	<u>PVC</u>	<u>Sched 40</u>	<u>20</u>	<u>100</u>

Perforations:

Type of perforation SLOT
Size of perforation 0.20

From 20 feet to 100 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 100 Pumped Poured
Type: 3/8 Per Gravel

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 12-20, 20 12
Date completed: 12-21, 20 12

7. Water Level
Static water level: 42 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Clear

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>25</u>	<u>NA</u>	<u>4</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Allied Drilling Inc. Contractor
Address 5140 Junco Rd. Winnemucca NV. 89445 Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board 76778
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1563

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 1-15-13