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**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. 54288

1. OWNER Ken Beinhart ADDRESS AT WELL LOCATION 610 Desert  
 MAILING ADDRESS Shadows Ferry

2. LOCATION 1/4 NW 1/4 Sec. 25 T. 20 N/S R. 24 E. P. 01 County \_\_\_\_\_  
 PERMIT NO. 021-341-01 Issued by Water Resources Parcel No. \_\_\_\_\_ 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
<u>Sand, Gravel</u>		<u>1</u>	<u>26</u>	
<u>Gravel, Cobble</u>		<u>26</u>	<u>86</u>	
<u>Fractured bedrock</u>		<u>86</u>	<u>152</u>	
<u>(Spidifite)</u>				
<u>Clay</u>		<u>152</u>	<u>159</u>	
<u>Gravel</u>		<u>159</u>	<u>400</u>	

8. WELL CONSTRUCTION

Depth Drilled 400 Feet Depth Cased 400 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 5/8</u>	<u>1</u>	<u>50</u>	<u>1</u>	<u>50</u>
<u>8 3/4</u>	<u>50</u>	<u>400</u>	<u>50</u>	<u>400</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>13</u>	<u>1.88</u>	<u>1</u>	<u>21</u>
<u>6 5/8</u>	<u>9.0</u>	<u>0.40</u>	<u>21</u>	<u>400</u>

Perforations:

Type perforation Machine  
 Size perforation 3/16 to 1/2" R

From 340 feet to 400 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Concrete Grout

Gravel Packed:  Yes  No  
 From 50 feet to 400 feet

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 2006 FEB 15 AM 10:43  
 STATE ENGINEERS OFFICE

Date started 2/2/06, 20\_\_\_\_  
 Date completed 2/16/06, 20\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>35</u>		<u>3.20</u>

9. WATER LEVEL

Static water level 175 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature C °F Quality Good

10. DRILLER'S CERTIFICATION

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

Name Lochan Drilling Inc Contractor  
 Address PO 599 Contractor  
88 NV 89428

Nevada contractor's license number issued by the State Contractor's Board 0031847  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876

Signed [Signature] by driller performing actual drilling on site or contractor  
 Date 2/17/06