

Sheet 1
State 1

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

Well # 2

OFFICE USE ONLY
Log No. 103630
Permit No.
Basin 064
59629

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.

1. OWNER David ITZA ADDRESS AT WELL LOCATION 460 BAYCI
MAILING ADDRESS P.O. Box 578 Battle MTN NV BATTLE MTN NV
Subdivision Name: _____ County: LANDON

2. LOCATION SV 1/4 NV 1/4 Sec 24 T 32 N/SR 44 E Latitude UTM E 502345 NAD 27
PERMIT/WAIVER No. 11-040-55 Longitude N 4497829 NAD 83/WGS 84
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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	5	5
SANDY CLAY		5	20	15
TAN CLAY		20	30	10
Blue CLAY		30	40	10
Blue SANDY CLAY		40	60	20
Blue CLAY		60	80	20
TAN CLAY		80	100	20
TAN SANDY CLAY		100	120	20

N 40.63198
W 116.97227 NAD 83

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 5/8</u>	<u>0</u>	<u>120</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>0.188</u>	<u>71</u>	<u>120</u>

Perforations:

Type of perforation SANDY
Size of perforation 3/8 x 3

From	feet to	feet	feet
<u>100</u>	<u>120</u>		

Annular Seal: Yes No

Material	to	to	to	to
<input type="checkbox"/> Neat Cement				
<input checked="" type="checkbox"/> Cement Grout	<u>5</u>	<u>60</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 20% Bentonite Grout			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>90</u>	<u>120</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type:				
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>60</u>	<u>90</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type:				

7. Water Level

Static water level: 30 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>100+</u>	<u>UNK</u>	<u>2 HRS</u>

LD-S HW 22 NOV 2007

10. DRILLER'S CERTIFICATION

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

Name L. B. J. Drilling Co. Contractor
Address P.O. Box 902 Contractor
WMOA NV 89445
Nevada contractor's license number 9605
issued by the State Contractor's Board
Nevada driller's license number issued by the 1807
Division of Water Resources, the on-site driller

Signed Joe Busscher
By driller performing actual drilling on site or contractor
Date 6-17-09