

27° 35.084' N 117° 58.133' W (4902 etc)

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 104941
Permit No. 36328
Basin 117

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK
Grant

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. 25531

1. OWNER Green Wilcox ADDRESS AT WELL LOCATION _____
MAILING ADDRESS HC 72 Box 02200, _____
Dyer, NV 89010 Hi-Bar
Dyer, NV 89010
2. LOCATION SE 1/4 SW 1/4 Sec. 15 T. 4 N. 36 E. Comanche County
PERMIT NO. 36328 007-740-02 Parcel No. _____
Issued by Water Resources _____ 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
Clay Sand		1	3	
Clay		3	6	
Sandy Clay		6	72	
Gravel		72	120	
Cobbles		120	133	
Gravel		133	146	
Sandy Clay		146	210	
Gravel		210	225	
Sand		225	263	
Cobbles		263	310	
Cobbles, Boulder		310	325	
Clay		325	343	
Sand		380	443 (385)	
Clay		385	443	
Gravel, Cobble		443	500	

8. WELL CONSTRUCTION
Depth Drilled 500 Feet Depth Cased 500 Feet
HOLE DIAMETER (BIT SIZE)
From 22" Inches To 500 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42	250	1	500

Perforations:
Type perforation Mill Perf
Size perforation 1/8 triple row perf
From 200 feet to 380 feet
From 240 feet to 500 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 50 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 50 feet to 500 feet

9. WATER LEVEL
Static water level 94 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 6 °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.

Date started 1-18-08, 20 _____
Date completed 1-25-08, 20 _____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>2500-3000</u>		<u>10 hrs</u>

Name Dean Dwyer Contractor
Address PO Box Contractor
599 22 NW 89422
Nevada contractor's license number issued by the State Contractor's Board 0031841
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
Signed _____ By driller performing actual drilling on site or contractor
Date 2/10/08

