

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

OFFICE USE ONLY **105372**
 Log No. _____
 Permit No. _____
 Basin **064**

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

WELL # **5 59357**
 NOTICE OF INTENT NO. _____

1. OWNER **DAVID ITZA** ADDRESS AT WELL LOCATION **370 MAYC1 AVE.**
 MAILING ADDRESS **P.O. Box 572 BATTLE MTN 89820**
 2. LOCATION **SW 24 T 32 N/S R 44 E LANDON** County
 PERMIT NO. **NW 11-640-61** Parcel No. **D.S.F. SUB.** 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
TOP SOIL		0	10	10
BIG ROCK & SAND		10	20	10
TAN CLAY		20	30	10
BLUE CLAY		30	80	50
TAN CLAY		80	90	10
GRAVEL	Yes	90	100	10
BIG GRAVEL & SAND	Yes	100	115	15
TAN CLAY	Yes	115	120	5

8. WELL CONSTRUCTION
 Depth Drilled **120** Feet Depth Cased **120** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **120** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.128	71	120

Latitude **UTM E/1502 703** NAD 27
 Longitude **N 44 978 05** NAD 83/
 WGS 84

Perforations:
 Type perforation **SAND**
 Size perforation **4 X 3**
 From **90** feet to **120** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **60** Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From **70** feet to **120** feet

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	100	UNK	2.5

N 40.632981
W 116.969038 NAD 83

9. WATER LEVEL
 Static water level **30** feet below land surface
 Artesian flow **NO** G.P.M. _____ P.S.I. _____
 Water temperature **Cold** °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 **L. B. D. Drilling Co.** Contractor
 Address **P.O. Box 902** Contractor
Wmca NV 89446
 Nevada contractor's license number **9605** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources **1807**
 Signed **Joe B...** By driller performing actual drilling on site or contractor
 Date **6-01-06**