

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

OFFICE USE ONLY  
Log No. 106 244  
Permit No. \_\_\_\_\_  
Basin 074

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. 60460

1. OWNER JIM MACKEDON ADDRESS AT WELL LOCATION BLM  
MAILING ADDRESS P. O. BOX  
SE FALLON, NV 89408 24 29E Subdivision Name: \_\_\_\_\_ County: CHURCHILL

2. LOCATION NW 1/4 SE NW 1/4 Sec 18 31 T 70N N/S R 30 E Latitude 39.950273 UTM E 348999  NAD 27  
PERMIT/WAIVER No. 75321 BLM Longitude 119.767619 N 4423524  NAD 83/WGS 84

Issued by Water Resources Parcel No. \_\_\_\_\_

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other

4. PROPOSED USE  
 Domestic  Irrigation  Test  Cable  
 Municipal/Industrial  Monitor  Stock  Air  Other

5. WELL TYPE  
 Cable  Rotary  RVC  
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	1	1
GRAVELS & COBBLES		1	30	29
HARDPAN		30	40	10
RED VOLCANICS		40	85	45
MC GRAVELS		85	100	15
YELLOW CLAY		100	110	10
BROWN SANDS		110	140	30
BROWN SANDS WITH YELLOW		140	170	30
VOLCANIC RED ROCK		170	300	130
GREEN CLAY		300	310	10
GRAY SANDS		310	350	40
GRAY CLAY		350	370	20
GRAY SANDS W/ CLAY	X	370	500	130
GREEN SAND		500	525	25
LIGHT GRAY GRAVELS	X	525	630	105

9. WELL CONSTRUCTION

Depth Drilled 630 Feet Depth Cased 630 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 3/4 inches	0	100
6 inches	100	630

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+2	630

Perforations: MACHINE SLIT

Type of perforation \_\_\_\_\_  
Size of perforation 0.088

From	feet to	feet
530	630	feet
410	470	feet
		feet
		feet

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	<u>0</u> to <u>10</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> 20% Bentonite Grout	<u>10</u> to <u>100</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Type: \_\_\_\_\_  
Bentonite Chips:  Yes  No 0 to 100  Pumped  Poured

Type: \_\_\_\_\_ HOLE PLUG-BAROID

Date started: 20-Jul , 20 07  
Date completed: 20-Sep , 20 07

7. Water Level  
Static water level: 347.6 feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: 78 °F  
Quality: \_\_\_\_\_

8. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>80</u>		<u>1 HOUR</u>

10. DRILLER'S CERTIFICATION

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

Name WELSCO CORP. Contractor  
Address P. O. BOX 888 Contractor  
FALLON, NV 89408

Nevada contractor's license number issued by the State Contractor's Board 11752  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772

Signed [Signature] By driller performing actual drilling on site or contractor  
Date 24 Dec 13 08