

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

OFFICE USE ONLY

Log No. 107047
Permit No. _____
Basin 10 071

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. 62007

1. OWNER ROBERT Hal K y ard ADDRESS AT WELL LOCATION 3005 DONNA CT
MAILING ADDRESS 6100 Grass Valley Rd Wmca NV 89445
Subdivision Name: Bri n s on h o f f County: Humboldt

2. LOCATION NW NE 1/4 Sec 12 T 35 NSR 37 E Latitude 40.99039 UTM E 435995 NAD 27
PERMIT/WAIVER No. 113-462-14 Longitude 112.761394 N 45 30 94 7 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
 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	2	2
HARD BROWN CLAY		2	20	18
SAND + GRAVEL		20	30	10
YELLOW CLAY		30	40	10
TAN CLAY		40	100	60
SAND + GRAVEL		110	120	20
SAND + TAN CLAY		120	140	20
SAND + GRAVEL WITH STREAK OF CLAY		140	240	100

9. WELL CONSTRUCTION

Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 5/8</u>	0	240		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>1.0185</u>	<u>71</u>	<u>240</u>

Perforations:

Type of perforation Torch Cut
Size of perforation 3/8 x 6

From	feet to	feet
<u>130</u>	<u>240</u>	

Annular Seal: Yes No

Neat Cement to Pumped Poured
 Cement Grout 5 to 46 Pumped Poured
 Concrete Grout to Pumped Poured
 80% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No 160 to 240 Pumped Poured
Type: _____

Bentonite Chips: Yes No 60 to 160 Pumped Poured
Type: 50

Date started: 7-11 20 09
Date completed: 7-14 20 08

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

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>Rotary</u>	<u>1007</u>	<u>UNK</u>	<u>2 hrs</u>

10. DRILLER'S CERTIFICATION

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

Name LBJ DRILLING & PUMP COMPANY, INC. Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor

Nevada contractor's license number issued by the State Contractor's Board 000960
Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____

Signed Joe Boggio By driller performing actual drilling, on-site or contractor Joe Boggio
Date 7-23-08

Rev. 04-08

USE ADDITIONAL SHEETS IF NECESSARY