

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

OFFICE USE ONLY
Log No. **108213**
Permit No. **117**
Basin **117**

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. **33516**

1. OWNER **ROBERT + LAURA BILLET** ADDRESS AT WELL LOCATION **WILD HORSE RUN**
MAILING ADDRESS **1137 HAROLD DR. MENASHA WI. 54952** **LOT 72 C FISH LAKE VALLEY**
Subdivision Name: **MOUNTAIN WATER** County: **ESMERALDA**

2. LOCATION **NW 1/4 SE 1/4 Sec 20 T 1 N R 34 E** Latitude **37° 50' 28"** UTM E NAD 27
PERMIT/WAIVER No. **007-772-29** Longitude **118° 13' 253"** N 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 **M4D**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ROCKS + BOULDERS		0	60	60
CLAY + GRAVEL		60	80	20
ROCKS + GRAVEL		80	140	60
CEMENTED ROCK + GRAVEL		140	160	20
ROCK + GRAVEL	W.B.	160	275	115

9. WELL CONSTRUCTION

Depth Drilled **275** Feet Depth Cased **275** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
9 7/8 Inches	0	100	Feet
7 7/8 Inches	100	275	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4 1/2	2.36	.248	0	275

Perforations:

Type of perforation **SAW CUT**
Size of perforation **3 inch**

From **275** feet to **175** feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout **0** to **80** Pumped Poured
 ≥30% Bentonite Grout **80** to **100** Pumped Poured

Gravel Pack: Yes No **100** to **275** Pumped Poured
Type: **PEA GRAVEL**

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: **4-08-** 20 **09**
Date completed: **5-15-** 20 **09**

7. Water Level

Static water level: **160** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **COOL** °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down	Time (Hours)
DO NOT DRILL RECEIVED		
MAY 29 2009		
LAS VEGAS OFFICE		

10. DRILLER'S CERTIFICATION

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

Name **BUDGET DRILLING CO.** Contractor
Address **P.O. Box 3505 Prater NV** Contractor
89041

Nevada contractor's license number issued by the State Contractor's Board **40020**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**

Signed **Donna Brown**
By driller performing actual drilling on-site or contractor
Date **5-22-2009**