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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 108381
Permit No. 27084
Basin 179

NOTICE OF INTENT NO. 62630

1. OWNER Ray E. Moser
MAILING ADDRESS P.O. Box 1444 McGill NV 89318
ADDRESS AT WELL LOCATION 80 Miles N of McGill NV on 93

2. LOCATION SW ¼ SE ¼ Sec. 31 T. 21 (N/S) R. 64 E White Pine County
PERMIT NO. 27084 (Issued by Water Resources) | Parcel No. | 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 mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Filled w/ Neat Cement		0	51	51
Filled w/ Bentonite Grout		51	200	149
Plugging Well Log 95901				
N 39.640314° W 114.781779° NAD 27				
Redrilled because of lack of water while pumping.				
N 39° 38.415 W 114° 46.958 Nad 83				

Date started June 6th, 2009
Date completed June 6th, 2009

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
16" N 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)
16" N		3/16"	0	200

Perforations:
Type perforation torch cut
Size perforation ¼" x 16"
From 0 feet to 200 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal Not known/0-51
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 191 feet feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality ____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Leach Drilling Inc (Contractor)
Address P.O. Box 599 Ely Spring NV 89429 (Contractor)
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 2346
Signed ____ (By driller performing actual drilling on site or contractor)
Date 6-14-09

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (D)-627