

Log No.
 Permit No.
 Basin: **056**

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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **64882**

1. OWNER **Reese River Ranches** ADDRESS AT WELL LOCATION **LOT 3**
 MAILING ADDRESS **P.O. Box 503, 103 MAIN ST** **Reese River Ranches,**
AUSTIN, Nev. 89310 **AUSTIN, Nev. 89310**
 2. LOCATION **SE 1/4 NW 1/4 Sec 30 T 18 N R 42 E** **LANDER** County
 PERMIT NO. **LOT # 3** 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.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	2	
Gravel		2	20	
SAND & GRAVEL		20	75	
Gravel + Water *		75	90	
Sand		90	120	
Gravel & sand water *		120	138	
N 39-23-825				
W 117-18-015 Nad 27				
39.397°N NAD27 0.0				
117.300°W				

8. WELL CONSTRUCTION
 Depth Drilled **138** Feet Depth Cased **138** Feet
 HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches To **138** 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	16.94	1.88	+1	138

 Perforations:
 Type perforation **Torch**
 Size perforation **1/2" x 6" x 4 Times Round**
 From **108** feet to **138** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **50 ft** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **138** feet

Date started **08-18-09**, 20.....
 Date completed **09-16-09**, 20.....

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **54** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **60.6** °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 **Vernon H. Dimick** Contractor
 Address **5360 N Bonita Vista St** Contractor
LV, NV 89149
 Nevada contractor's license number issued by the State Contractor's Board **10062**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **552**
 Signed **VH Dimick**
 By driller performing actual drilling on site or contractor
 Date **09-29-09**