

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

OFFICE USE ONLY
Log No. 109579
Permit No. _____
Basin 179

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

1. OWNER CHEVRON ENV. MANAGEMENT CO.
MAILING ADDRESS 6001 Bollinger Cyn. Rd.
SAN RAMON, CA 94583

ADDRESS AT WELL LOCATION 801 EAST ALLTMAN ST.
ELY, NV 89301
Subdivision Name: _____ County: WHITE PINE

2. LOCATION SE 1/4 NW 1/4 Sec 15 T 16 N R 63 E
PERMIT/WAIVER No. 6-000034 002-054-09
Issued by Water Resources Parcel No. _____

Latitude 39° 15.255' UTM E NAD 27
Longitude 117° 52.333' N NAD 83/WGS 84

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 SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill MATERIAL</u> <u>SAND, SILT, COBBLE</u>		<u>0</u>	<u>6</u>	<u>4</u>
<u>SAND, silty GRAVEL</u> <u>grey in color</u>		<u>6</u>	<u>81</u>	<u>25</u>
<u>CLAY</u>		<u>81</u>	<u>83</u>	<u>2</u>
<u>WATER</u>	<u>X</u>	<u>74</u>	<u>81</u>	<u>5</u>
<u>39.254311° N</u>				
<u>119.871365° W</u>				
<u>NAD 27 (TA)</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>83</u>		<u>81</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>6</u>	<u>0</u>	<u>83</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>send 40 PVC</u>	<u>0</u>	<u>81</u>

Perforations:
Type of perforation PVC SCREEN
Size of perforation .030 SLOT
From 78.5 feet to 81 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 73 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 76 to 83 Pumped Poured
Type: #3 MONTEREY
Bentonite Chips: Yes No 73 to 76 Pumped Poured
Type: 3/8" Hole Plug Chips

Date started: 1-16 20 09
Date completed: 1-16 20 09

7. Water Level
Static water level: 72.5 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name BOB LONGYEAR Contractor
Address 3894 RAILROAD AVE.
Reba City, CA 95991
Nevada contractor's license number _____
issued by the State Contractor's Board 0021976
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2234
Signed _____
By driller performing actual drilling on-site or contractor
Date 2-4-09