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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

Log No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_  
 Basin **064**

NOTICE OF INTENT NO. **57764**  
 ADDRESS AT WELL LOCATION **385 Felycia Ct. or 446 22nd St**

1. OWNER **Todd Price**  
 MAILING ADDRESS **P.O. Box 1522 Battle Mtn NV 89820**  
 2. LOCATION **SE 1/4 SW 1/4 Sec 24 T 32 N 44 E Lander County**  
 PERMIT NO. **011-050-23**  
 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name **D.S.E.**

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	Thickness
TOP SOIL		0	10	10
SAND + GRAVEL		10	25	15
TAN CLAY		25	30	5
BLUE CLAY		30	70	40
TAN CLAY		70	95	25
<del>95-110 SAND</del>		95	110	15
TAN CLAY		110	120	10

8. WELL CONSTRUCTION  
 Depth Drilled **120** Feet Depth Cased **120** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **120** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>		<b>.188</b>	<b>71</b>	<b>120</b>

Latitude **UTM E 11502 724** NAD 27  
 Longitude **N 4497 279**  NAD 83 /  WGS 84

Perforations:  
 Type perforation **SAND**  
 Size perforation **7/16 x 3**  
 From **90** feet to **120** feet  
 \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 \_\_\_\_\_ feet to \_\_\_\_\_ feet

Depth (Feet)	Temperature (°F)	Quality
0		
10		
20		
30		
40		
50		
60		
70		
80		
90		
100		
110		
120		

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal **55**  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured (55-60 hole plug)  
 Gravel Packed:  Yes  No  
 From **60** feet to **120** feet

Date started **7-11-06**  
 Date completed **7-12-06**

9. WATER LEVEL  
 Static water level **50 ft** feet below land surface  
 Artesian flow **NONE** G.P.M. \_\_\_\_\_ P.S.I. \_\_\_\_\_  
 Water temperature **Cold** °F Quality **Good**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>100</b>	<b>UNK</b>	<b>1 1/2 Hrs</b>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **L.B.D. Drilling Co.** Contractor  
 Address **P.O. Box 902 Wmca NV 89446** Contractor  
 Nevada contractor's license number issued by the State Contractor's Board **9605**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1807**  
 Signed **Joe B...**  
 By driller performing actual drilling on site or contractor  
 Date **7-20-06**