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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. **664**

NOTICE OF INTENT NO. **57765**

1. OWNER **David ITZA** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **P.O. Box 578** **360 Felicia Ct.**  
**BATTLE MTN 89520** **360**  
 2. LOCATION **SE 1/4 SW 1/4 Sec 24 T 32** **N 44 E HANCOCK** County  
 PERMIT NO. **11-050-26** **D.S.F.** 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	Thickness
TOP SOIL		0	10	10
GRAVEL		10	20	10
TAN CLAY		20	30	10
BLUE CLAY		30	70	60
TAN CLAY		70	100	30
SAND & GRAVEL		100	110	10
TAN CLAY		110	120	10

8. WELL CONSTRUCTION  
 Depth Drilled **120** Feet Depth Cased **120** Feet  
 HOLE DIAMETER (BIT SIZE)  
**10 5/8** From **0** To **120**  
 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)
<b>6 1/2</b>		<b>.188</b>	<b>71</b>	<b>120</b>

Latitude **UTM E 11502725**  NAD 27  
 Longitude **N 4497255**  NAD 83/  
 WGS 84

Perforations:  
 Type perforation **SAND**  
 Size perforation **4 X 3**  
 From **90** feet to **120** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

**40.628026°N**  
**116.967780°W**  
**Nov 27 (17)**

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **60**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No **(60'-70' = hole plug)**  
 From **70** feet to **120** feet

Date started **7-17**, 20**16**  
 Date completed **7-18**, 20**16**

9. WATER LEVEL  
 Static water level **30** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Good** °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</b>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **LBS Drilling Co.**  
 Address **P.O. Box 902**  
**Winnica NV 89446**  
 Nevada contractor's license number **9605**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1807**  
 Signed **[Signature]**  
 Date **7-26-16**