

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

OFFICE USE ONLY

Log No. 110151
Permit No. _____
Basin 057

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

NOTICE OF INTENT NO. 64967

1. OWNER Robert Dailey
MAILING ADDRESS HC 61 Box 147
Battle Mountain, NV 89820

ADDRESS AT WELL LOCATION Antelope Valley
Battle Mountain, NV 89820

Subdivision Name: _____ County: Churchill

2. LOCATION SW ¼ SW ¼ Sec 20 T 25N N/S R 41 E
Latitude 40.01918 UTM E NAD 27
Permit/Waiver No. 17967 Longitude -117.39617 N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gravel w/sand		0	95	95
Sandy Brown P clay		95	132	37
Sand w/s gravel		132	144	12
Sand w/s clay		144	170	26
Brown clay		170	192	22
Gravel w/s clay		192	221	29
Clay		221	251	30
Sand w/s gravel		251	263	12
Sandy Clay		263	271	8
Brown clay		271	335	64
Gray clay		335	354	19
Brown Clay		354	448	94

40.019263°N
117.395236°W
N9023 (TN)

9. WELL CONSTRUCTION

Depth Drilled 448 Feet Depth Cased 448 Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
36	0	50	50
26	50	498	498

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	62.58	.375	0	448

Perforations:

Type of perforation _____ Mill Cut
Size of perforation 0.01875

From 448 feet to 98 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 10 to 0 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 50 to 10 Pumped Poured

Gravel Pack: Yes No 448 to 50 Pumped Poured
Type: 3/8" pee gravel

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 25-Jan, 20 10
Date completed: 30-Jan, 20 10

7. Water Level

Static water level: 101 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>owner did own test pump</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

68-1 111 1-20110107

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Parsons Drilling, Inc.
Contractor

Address P.O. Box 1265
Contractor

Fallon, NV 89406

Nevada contractor's license number _____
issued by the State Contractor's Board 29064

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2307

Signed _____
By driller performing actual drilling on site or contractor

Date 2/9/2010