

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

OFFICE USE ONLY
 Log No. 110399
 Permit No. _____
 Basin 072

FINALIZED *MH*
PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **64055**

1. OWNER **Roland Zufelt** ADDRESS AT WELL LOCATION **300 Commerce Way**
 MAILING ADDRESS **300 Commerce Way - Imlay, NV** **Imlay, NV**
 Subdivision Name: _____ County: **Pershing**

2. LOCATION **SE 1/4 SW 1/4 Sec 3 T32N R34E** Latitude **N40°66'19"** UTM E NAD 27
 PERMIT/WAIVER NO. **DOM08-022** **006-061-05** Longitude **W118°13'66"** N NAD 83WGS 84
Issued by Water Resources Parcel. No. _____

3. WORK 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
Sand		0	1	1
clay, brown		1	30	29
clay, blue		30	50	20
clay, white/tan		50	75	25
course gravel		75	85	10
clay, brown		85	110	25
sand/gravel	X	110	130	20
clay		130	135	5
gravel	X	135	145	10
clay		145	150	5

9. WELL CONSTRUCTION

Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 1/4 Inches	0 Feet 150 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	10	.188	+1	10
6.625	4.06	.316	10	150

40.661, 785°N NAD 27 D.D.
 118.135, 644°W

Replaces original well log # 22783

Date started: **April 14, 20 09**
 Date completed: **April 16, 20 09**

Perforations:

Type of perforation **Factory Cut Slots**

Size of perforation **050**

From	To
110 feet to	150 feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Annular Seal: Yes No

Material	From	To	Method
<input checked="" type="checkbox"/> Neat Cement	0	50	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	55	150	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: _____			
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50	55	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type: _____			

7. Water Level

Static water level: **47** feet below land surface

Artesian Flow: **N/A** G.P.M. **N/A** P.S.I

Water Temperature: **Cool** °F

Quality: **Good**

10. DRILLER'S CERTIFICATION

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

Name **Fred Anderson Drilling, Inc.**
 (CONTRACTOR)

Address **10760 S. Grass Valley Road**
 (CONTRACTOR)
Winnemucca, NV 89445

Nevada contractor's license number issued by the State Contractor's Board **021467**

Nevada driller's license number issued by the Division of Water Resources / the on-site driller **2083**

Signed *Fred Anderson Drilling, Inc.*
 By driller performing actual drilling on site or contractor

Date **May 10, 2009**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
13		7	