

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

OFFICE USE ONLY
Log No. 110482
Permit No. _____
Basin 669

FINALIZED WH

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. 63092

1. OWNER Richard Wood
MAILING ADDRESS 3445 Delaney Dr. Wmca NV 89445
2. LOCATION SE 1/4 SW 1/4 Sec 10 T 37 N R 38 E
PERMIT/WAIVER No. APN# 006-612-17
Issued by Water Resources Parcel No. _____

ADDRESS AT WELL LOCATION 3445 Delaney Dr. Wmca NV 89445
Subdivision Name: _____ County: Summit
Latitude 41.091669° N UTM 441993 NAD 27
Longitude 117.690663° W N4548951 NAD 83/WGS 84
NAD 27 (F)

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 | Thickness |
|----------------------------|--------------|------------|------------|-----------|
| <u>Top Soil</u> | | <u>0</u> | <u>7</u> | <u>7</u> |
| <u>Dry Gravel + SAND</u> | | <u>7</u> | <u>40</u> | <u>33</u> |
| <u>Small Gravel + SAND</u> | | <u>40</u> | <u>60</u> | <u>20</u> |
| <u>Rocks + SAND</u> | | <u>60</u> | <u>80</u> | <u>20</u> |
| <u>SAND + Gravel</u> | | <u>80</u> | <u>100</u> | <u>20</u> |
| <u>SAND + Gravel</u> | | <u>100</u> | <u>105</u> | <u>5</u> |

9. WELL CONSTRUCTION
Depth Drilled 105 Feet Depth Cased 105 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 105
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 3/8</u> | | <u>.188</u> | <u>71</u> | <u>105</u> |

Perforations:
Type of perforation Touch Cut
Size of perforation 3/4 x 5
From 65 feet to 105 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 5 to 55 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 20% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 60 to 105 Pumped Poured
Type: Wk Rock
Bentonite Chips: Yes No 55 to 60 Pumped Poured
Type: 3/8

7. Water Level
Static water level: 43 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: _____

8. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|------------|-------------------------------|--------------|
| <u>Rotary</u> | <u>70+</u> | <u>125</u> | <u>3 Hrs</u> |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name LBJ DRILLING & PUMP COMPANY, INC. Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1807
Signed Joe Boggio
By driller performing actual drilling on site or contractor JOE BOGGIO
Date _____

RECEIVED
2000 APR 15 AM 11:46
STATE ENGINEERS OFFICE