

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

OFFICE USE ONLY
Log No. 111337
Permit No. _____
Basin 153

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. 65503

1. OWNER Judy Hale Buffington
MAILING ADDRESS P.O. Box 174
Eureka, NV 89310

ADDRESS AT WELL LOCATION 451 W. 10th Street
Eureka, NV 89310
Subdivision Name: _____ County: Eureka

2. LOCATION NE 1/4 SW 1/4 Sec 18 T 21N N/S R 53 E
PERMIT/WAIVER No. 007-400-05
Issued by Water Resources Parcel No. _____

Latitude 39.68650 UTM E NAD 27
Longitude -116.05029 N NAD 83/WGS 84

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
Sand w/ gravel		0	60	60
Clay		60	74	14
Gravel		74	95	21
Clay		95	101	6
Gravel w/string clay		101	146	45
Medium Gravel	XX	146	195	49
39.68650, 57.3°N NAD 83 D.D.				
116.049, 39.5°W				
PLUGGED BY WELL LOG # 112017				
See replacement log # 112016				
Replaces original well log # 72253				
which was plugged under log # 111470				
NOL# 65509				

9. WELL CONSTRUCTION

Depth Drilled	195	Feet	Depth Cased	195	Feet
HOLE DIAMETER (BIT SIZE)					
12.25	Inches	0	Feet	195	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
6.625	12.92	.188	0	15	
6	4.0	.316	15	195	

Perforations:
Type of perforation Saw Cut
Size of perforation 0.125
From 155 feet to 195 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 230% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 50 to 195 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 2-Jun 20 10
Date completed: 3-Jun 20 10

7. Water Level
Static water level: 155 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. 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	<u>15</u>		<u>1</u>

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 89407
Nevada contractor's license number 29064
issued by the State Contractor's Board
Nevada driller's license number issued by the 2307
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6/21/2010