

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

OFFICE USE ONLY
Log No. 111462
Permit No. -
Basin 74

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

1. OWNER Kulwinder Johal ADDRESS AT WELL LOCATION 1305 Rye Patch Reservoir Rd
MAILING ADDRESS 1305 Rye Patch Reservoir Rd Levack, NV 89419
Subdivision Name: _____ County: Pershing

NOTICE OF INTENT NO. 44385

2. LOCATION S¹/₄ NW¹/₄ Sec 16 T 30 S R 33 E Latitude N 40.46626° UTM E NAD 27
PERMIT/WAIVER No. fact 5-000012 010-120-01 Longitude W 118.28340° 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 Stock Monitor Municipal/Industrial
5. WELL TYPE Cable Rotary RVC Other hollow stem auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>overhaul existing well replace with new case</u>	<u>yes</u>	<u>0</u>	<u>40</u>	<u>40</u>
<u>well debris</u>				
<u>MU-2</u>				
<u>NAD-27 GPS</u>				
<u>40.466354° N</u>				
<u>118.282420° W</u>				

9. WELL CONSTRUCTION

Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>10"</u>	<u>0</u>	<u>40</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>Sch 40</u>	<u>0</u>	<u>10</u>

Perforations:

Type of perforation Factory slot
Size of perforation .020
From 10 feet to 40 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 4 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 8 to 40 Pumped Poured
Type: 10/20 silica sand
Bentonite Chips: Yes No 4 to 8 Pumped Poured
Type: 7/8 Bentonite chips

Date started: 7/18 20 10
Date completed: 7/18 20 10

7. Water Level
Static water level: 30.2 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: 2.85 °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

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

Name Haz-Tech Drilling, Inc. Contractor
Address P.O. Box 940 Contractor
Meridian, Id 83680
Nevada contractor's license number issued by the State Contractor's Board 0038018
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2472-M-LTD
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 7/22/10