

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

OFFICE USE ONLY
Log No. 112593
Permit No. _____
Basin 056

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. 66350-1

1. OWNER Day Engineering
MAILING ADDRESS P.O. Box 151178
Ely, NV 89315

ADDRESS AT WELL LOCATION Reese River Valley
Austin, NV 89310
Subdivision Name: _____ County: Lander

2. LOCATION NE 1/4 NE 1/4 Sec 6 T 18N N/S R 43 E
PERMIT/WAIVER No. W-656
Issued by Water Resources Parcel No. _____

Latitude 39.46112 N UTM E NAD 27
Longitude -117.17713 W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Bore Hole

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
Clay		0	3	3
Sand		3	47	44
Sand w/s gravel		47	55	8
Clay		55	64	9
Sand w/s Gravel		64	73	9
Clay		73	85	12
Gravel w/s Sand		85	220	135
Clay		220	227	7
Sand w/s gravel		227	251	24
Clay		251	260	9
Sand		260	460	200

9. WELL CONSTRUCTION

Depth Drilled 460 Feet Depth Cased 0 Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>6</u> Inches	<u>0</u> Feet	<u>460</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

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

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____

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

Date started: 17-Nov , 20 10
Date completed: 19-Nov , 20 10

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

8. WELL TEST DATA

TEST METHOD: Bailer 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 Parsons Drilling, Inc.
Contractor

Address P.O. Box 1265
Contractor
Fallon, NV 89407

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 [Signature]
By driller performing actual drilling on site or contractor

Date 12/9/2010

RECEIVED
2011 JAN -5 AMID: 46
STATE ENGINEERS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY 39.461195° N NAD 27
117.176204° W (TA)

(Rev. 05-06)