

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

OFFICE USE ONLY
 Log No. 113853
 Permit No. _____
 Basin 141

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. 66458

1. OWNER Tonopah Public Utilities ADDRESS AT WELL LOCATION Ralston Valley
 MAILING ADDRESS P.O Box 151
Tonopah, NV 89049 Subdivision Name: _____ County: Nye

2. LOCATION SW¼SW¼ Sec16T05N/ R44E Latitude N4,237,288 UTM E _____ NAD 27
 PERMIT/WAIVER NO. M/O-1693 None Longitude E495,222 N _____ NAD 83/WGS 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Silts, Sand & Gravels		0	20	20
Sand & Gravel		20	24	4
Brown Silts, Sand & Gravel		24	28	4
Sand & Gravel		28	32	4
Brown Silt, Sand & Gravel		32	35	3
Sand & Gravel		35	40	5
Brown Silt, Sand & Gravel		40	50	10
Sand & Gravel		50	90	40
Silt & Sand		90	100	10
Course Sand, Silt, Volcanic	X	100	145	45
Sand & Gravel	X	145	155	10
Course Sand & Gravel	X	155	180	25
Brown Sand, Silt, Gravel		180	200	20
Sand & Gravel	X	200	220	20
Brown Silt, Sand & Gravel	X	220	350	130

Well #1
 2011 MAY 13 AM
 STATE OF NEVADA
 38.283710°N NAD 27
 117.053721°W

Date started: 4-19, 20 11
 Date completed: 4-21, 20 11

9. WELL CONSTRUCTION

Depth Drilled 350 Feet Depth Cased 340 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet to <u>350</u> Feet
_____ Inches	_____ Feet to _____ Feet
_____ Inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6"</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>340</u>

Perforations:

Type of perforation Factory, Double Row
 Size of perforation 3/32 x 4

From	To
<u>100</u> feet to <u>160</u> feet	
<u>200</u> feet to <u>280</u> feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 350 Pumped Poured
 Type: 1/4 x 1/8

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

7. Water Level

Static water level: 75 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: cool °F
 Quality: not tested

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<u>150</u>			<u>6</u>

10. DRILLER'S CERTIFICATION

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

Name Bruce MacKay Pump & Well Service, Inc. (CONTRACTOR)
 Address 1600 Mt. Rose Hwy (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board 23095
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1790

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date 04-22-11