

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

OFFICE USE ONLY
Log No. 113933
Permit No. 39893
Basin 173B

**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. 65062

1. OWNER CB Development ADDRESS AT WELL LOCATION Railroad Valley
MAILING ADDRESS 1730 East 700 South
Mapleton, UT 94664

2. LOCATION NE 1/4 SW 1/4 Sec 28 T 05N N/S R 55 E Latitude N38. 15. 722 UTM E NAD 27
PERMIT/WAIVER No. 39893 Longitude W115. 47. 672 N NAD 83 NAD 83/WGS 84
Issued by Water Resources Parcel No. Subdivision Name: County: Nye

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... MUD

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
Gravel Fill		170	192	22
Cemented Gravel		192	198	6
Loose Gravel	X	198	208	10
Cemented Gravel		208	213	5
Soft Gravel	X	213	239	26
Light Tan Clay		239	244	5

Well has 16" casing from surface to 160'
16" casing was left in well - can't pull due to the age of the casing.

8. **WELL CONSTRUCTION**

Depth Drilled 244 170 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>14 3/4</u> Inches	<u>170</u> Feet	<u>240</u> Feet	<u>240</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>		<u>250</u>	<u>119</u>	<u>240</u>

Perforations:

Type of perforation	Mill Slot
Size of perforation	<u>3/16" x 3" Double row</u>
From <u>119</u> feet to <u>240</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal _____ Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

9. **WATER LEVEL**
Static water level 35 feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature Cold °F Quality _____

10. **DRILLER'S CERTIFICATION**
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Sharel C. Fertig dba Fertig Drilling Co. Contractor
Address P.O. Box 525 Contractor
Elko, NV 89803
Nevada contractor's license number issued by the State Contractor's Board 031904
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584
Signed Sharel C. Fertig By driller performing actual drilling on site or contractor
Date 5-25-11

Date started 25-Mar , 20 11
Date completed 16-Apr , 20 11

7. **WELL TEST DATA**

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Approx</u>	<u>1800</u>		<u>52</u>

(Rev. 06/10)

USE ADDITIONAL SHEETS IF NECESSARY

38.262099° N
115.793663° W
NAD 27 (TA)