

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

OFFICE USE ONLY
 Log No. 115157
 Permit No. 81131
 Basin 055

"Rocky Pass Well"

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. 67861 ⁶⁷⁸⁶⁶

1. OWNER **C Ranches**
 MAILING ADDRESS **HC 66-46 Crescent Valley NV**

ADDRESS AT WELL LOCATION **Stock Well / Heifer Field Well**
aka: Rocky Pass Well

2. LOCATION **NW 1/4 NW 1/4 Sec 28 T46N R27E**
 PERMIT/WAIVER NO. 81131 **N/A**
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: **Lander**
 Latitude **40°11.245** UTM E NAD 27
 Longitude **116°48.327** N NAD 83/WGS 84

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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay & Sand		0	22	22
Hardstone - gray in color		22	35	13
Purple rock		35	41	6
Blue Clay		41	45	4
Hard black rock		45	90	45
Redish Black rock		90	148	58
Gravel/sand w/yellow clay		148	155	7
Yellow clay		155	165	10
Gravel/Sand	X	165	180	15
Rock and Clay		180	195	15
Clay		195	203	8
gravel/cobles/black rock	X	203	235	32
Rock w/fractures		235	293	58
Clay fine sand		293	303	10
sand/gravel	X	303	308	5
Clay		308	310	2

2012 FEB 13 AM 11:56

9. WELL CONSTRUCTION
 Depth Drilled 310 ~~12 1/4~~ Feet Depth Cased 310 ~~12 1/4~~ Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 310 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	12	188	+1	310

Perforations:
 Type of perforation **Factory Cut Slots**
 Size of perforation **050**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 55 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 55 to 310 Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **December 15, 20 11**
 Date completed: **January 8, 20 2012**

7. Water Level
 Static water level: **44** feet below land surface
 Artesian Flow: **N/A** G.P.M. **N/A** P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Fair**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Fred Anderson Drilling, Inc.**
 (CONTRACTOR)

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)
40			6
40.18 249.7°N NAD 83 116.804526°W Dec/Deg			

Address **10760 S. Grass Valley Road**
 (CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board **021467**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**
 Signed *Fred Anderson Drilling Inc*