

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

OFFICE USE ONLY
Log No. 115842
Permit No. _____
Basin No. 153

PRINT OR TYPE IN BLACK INK 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. 68508 ✓
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Jayme Halpin
MAILING ADDRESS P.O. Box 996
Eureka, NV 89316

DETAILED ADDRESS AT WELL LOCATION 410 County Rd 101
Eureka, NV
Subdivision Name: _____ County: Eureka

2. PLS LOCATION SE 1/4 SE 1/4 11 Sec 20 N 53 E
PERMIT/WAIVER NO. 007-330-09
issued by Water Resources Current Parcel No.

Latitude W115°57.810 UTM E NAD 27
Longitude N39°36.191 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
sand			0	5	5
gravel/sand		95	5	247	242
brown clay		140	247	273	26
large gravel		170	273	300	27
		274			
		290			

39.603255°N NAD 27
115.962609°W

9. WELL CONSTRUCTION

Depth Drilled: 300 Feet Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>300</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.188</u>	<u>+1</u>	<u>300</u>

PERFORATIONS:

Type of perforation: mill slot
Size of perforation: 3 3/16

From 200 Feet To 220 Feet
From 280-380 Feet To 300 Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

Sanitary Seal 0 to 50 Pumped Poured
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured

15 % 20 % Other, explain: _____

Gravel Pack [> 0.2 in.] 50 to 300 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

7. WATER QUALITIES
Static water level: 196 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Alternative Drilling Co LLC Contractor
Address P.O. Box 281166, Lamoille, NV 89828 Contractor

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>70</u>		<u>10</u>

Nevada contractor's license number as issued by the State Contractor's Board: 73955
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2465 2845
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 10-31-12

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY