

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

OFFICE USE ONLY
Log No. 115 965
Permit No. _____
Basin 059

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

1. OWNER BART Negro ADDRESS AT WELL LOCATION 1070-3300 East ST
MAILING ADDRESS P.O. Box 1237 BATTLE MTN 89820
Subdivision Name: _____ County: LANDON

2. LOCATION N 1/4 NE 1/4 Sec 31 T 32 N/S R 46 E Latitude _____ UTM E 514123 NAD 27
PERMIT/WAIVER No. 1011-250-23 Longitude _____ N 4495062 NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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	Thickness
TOP SOIL		0	5	5
SANDY CLAY		5	60	55
SANDY CLAY GRNDL		60	80	20
SANDY CLAY		80	100	20
SOFT SANDY CLAY GRNDL		100	120	20

9. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<u>10 5/8</u>	<u>0</u>		<u>120</u>	

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>71</u>	<u>120</u>

Perforations: SAWED (PVC)

Type of perforation _____
Size of perforation 7/16 x 3

From	feet to	feet
From <u>100</u>	feet to <u>120</u>	feet
From _____	feet to _____	feet
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 5 to 60 Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 90 to 120 Pumped Poured
Type: 3/8

Bentonite Chips: Yes No 60 to 90 Pumped Poured
Type: 3/8

7. Water Level

Static water level: 1.2 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Rotary</u>	<u>75+</u>	<u>UNK</u>	<u>2 Hrs</u>

10. DRILLER'S CERTIFICATION

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

Name LBJ DRILLING & PUMP COMPANY, INC. Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 0009605A

Nevada driller's license number issued by the Division of Water Resources, for on-site driller 1807

Signed Joe Boggio
By driller performing actual drilling on site contractor Joe Boggio

Date _____

40.608153°N NAD27
116.833061°W

USE ADDITIONAL SHEETS IF NECESSARY