

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

OFFICE USE ONLY
Log No. 116082
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. 69266
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Don Morrison
MAILING ADDRESS P.O. Box 246
Eureka, NV 89316

DETAILED ADDRESS AT WELL LOCATION 1001 Gold St.
Eureka, NV 89316
Subdivision Name: _____ County: Eureka

2. PLS LOCATION SW 1/4 SW 1/4 10 Sec 21 N/S 53 E
PERMIT/WAIVER NO. 007-200-16
Issued by Water Resources Current Parcel No.

Latitude 39.69461 N UTM E NAD 27
Longitude 116.00067 W 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	Thickness
Clay Gravel			0	8	8
Gravel Sand			8	14	6
Sand Gravel			14	26	12
Gravel			26	57	31
Gravel Sand			57	93	36
Clay			93	98	5
Clay w/s Gravel			98	123	25
Gravel Sand			123	186	63
Gravel			186	210	24
Clay			210	214	4
Sand Gravel		X	214	238	24
Gravel		X	238	240	2
Rock		X	240	242	2
Gravel		X	242	253	11
Clay			253	256	3
Rock		X	256	281	25
Gravel		XX	281	300	19

9. WELL CONSTRUCTION
Depth Drilled: 300 Feet Depth Cased: 300 Feet
HOLE DIAMETER (BIT SIZE)
From 12.25 Inches To 0 Feet 300 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	12.92	.188	20	0
6.625	4	.316	300	20

PERFORATIONS:
Type of perforation: Saw Cut
Size of perforation: 0.125
From 300 Feet To 200 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal 5 to 60
 Neat Cement 20 to 5 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 60 to 20 Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15% 20% Other, explain: _____
 Gravel Pack [> 0.2 in.] 300 to 60 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 17-Sep 20 12
Date completed: 18-Sep 20 12

7. WATER QUALITIES
Static water level: 146 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool ° Fahrenheit
Water Quality: Unknown

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
	<u>10-15</u>		<u>1</u>
	<u>39.694683°N</u>		<u>NAD 27</u>
	<u>115.999777°W</u>		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Parsons Drilling Contractor
Address P.O. Box 1265 Fallon, Nv 89407 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 29064
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2307
Signed: _____
By driller performing actual drilling on site or contractor
Date: 10/3/2012