

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

OFFICE USE ONLY
 Log No. 116313
 Permit No. 69454
 Basin 56
 NOTICE OF INTENT NO. 67189

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **BTAZ Nevada LLC** ADDRESS AT WELL LOCATION **Home Ranch**
 MAILING ADDRESS **224 N Park Ave** **Austin, NV 89310**
 SW **Fremont, NE 68025** Subdivision Name: _____ County: Lander
 2. LOCATION **NW 1/4 SW 1/4 Sec 33 T18N R42E** Latitude **39.38525** UTM E NAD 27
 PERMIT/WAIVER NO. **69454** **006-180-09** Longitude **117.26857** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Overburden		0	1	1
Large gravel that diminishes in size with drilling deeper		1	70	69
1" Gravels mixed with clay		70	120	50
Sand & Gravel		120	150	30
Sandy Brown Clay		150	155	5
Sand & Gravel		155	170	15
Sandy Brown Clay		170	180	10
Sand & Gravel		180	200	20
Sandy Brown Clay		200	300	100

9. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet
 HOLE DIAMETER (BIT SIZE)
 From **22.5** 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)
16	42.05	.250	0	120

Perforations:
 Type of perforation **Factory**
 Size of perforation **Double Row .060**
 From **120** feet to **300** feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 20 to 100 Pumped Poured
 Gravel Pack: Yes No 100 to 300 Pumped Poured
 Type: **1/4 x 1/8**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **6-4, 20 12**
 Date completed: **6-6, 20 12**

7. Water Level
 Static water level: **21** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
300-400			8
39.385324°N	MAD27		
117.267642°W			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Bruce MacKay Pump & Well Service, Inc.** (CONTRACTOR)
 Address **1600 Mt. Rose Hwy** (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**
 Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **6-12-12**

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 STATE ENGINEERS OFFICE