

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

OFFICE USE ONLY
Log No. 116397
Permit No. _____
Basin 071

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

NOTICE OF INTENT NO. 66765

1. OWNER Dennis Ballew ADDRESS AT WELL LOCATION 5365 Trossack Circle
MAILING ADDRESS 4144 Two Rock Rd. Winnemucca NV. 89445 Subdivision Name: _____ County: Humboldt
2. LOCATION SE 1/4 NE 1/4 Sec 2 T 35 N S R 37 E Latitude N 40° 56.272 UTM E NAD 27
PERMIT/WAIVER No. 013-101-04 Longitude W 117° 46.719 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED 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	Thickness
Sand	NO	0	20	20
Sand Clay Gravel	NO	20	60	40
Gravel Sand	YES	60	100	40
Gravel Sand Clay	YES	100	180	80
Clay	NO	180	200	20
Gravel Sand	YES	200	260	60

9. WELL CONSTRUCTION

Depth Drilled 260 Feet Depth Cased 266 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>10 7/8</u> Inches	0		<u>260</u> Feet
Inches			Feet
Inches			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>188</u>	<u>Steel</u>	0	20
<u>6 3/8</u>	<u>140</u>	<u>PVC</u>	20	260

Perforations:

Type of perforation Slot
Size of perforation .25

From 200 feet to 260 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annual Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 260 Pumped Poured
Type: 3/8" Pea Gravel

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level:
Static water level: 60 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

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)
<u>40+</u>		<u>0</u>	<u>6 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 Alternative Drilling Contractor
Address 197 Westcreek Hill Contractor
Spring Creek NV.
Nevada contractor's license number _____
issued by the State Contractor's Board 73955
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 730

Signed Gerald Moritz
By driller performing actual drilling on-site contractor
Date 6-12-11