

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

BW-50 0-3

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

OFFICE USE ONLY
Log No. 119484
Permit No. _____
Basin 109

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 69338

1. OWNER JACK OMAN ATLANTIC RICHFIELD ADDRESS AT WELL LOCATION YEARINGTON MINE AND
MAILING ADDRESS 4 CENTER POINT DR. SCROUNGING AREA
LA PALMA, CA 90623 Subdivision Name: _____ County: LYON

2. LOCATION NE 1/4 NE 1/4 Sec 33 T 14 N R 25 E Latitude 330203.34 UTM E 330203.34 NAD 27
PERMIT/WAIVER No. 003-082-02 Longitude 11916211444 N 1561350.15 NAD 83/WGS 84
Issued by Water Resources Parcel No. 39.0372429

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other SONIC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SEE ATTACHED LITH LOG				
RECEIVED 2014 MAR -7 AM 9:09 STATE ENGINEERS OFFICE				
Nad 27 39,037,325 N 119,162,132 W				

9. WELL CONSTRUCTION

Depth Drilled 437 Feet Depth Cased 340 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>7</u> Inches	<u>0</u> Feet <u>437</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.5"</u>		<u>SCH 80 PVL</u>	<u>0</u>	<u>330</u>
<u>2"</u>		<u>STAINLESS SCREEN</u>	<u>330</u>	<u>340</u>

Perforations:

Type of perforation FACTORY SLOT
Size of perforation 020

From 330 feet to 340 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 50 to 295 Pumped Poured

Gravel Pack: Yes No 328 to 341 Pumped Poured
Type: #3 SAND

Bentonite Chips: Yes No 326 to 295 Pumped Poured
Type: MEDIUM CHIPS ALSO ALSO 437-341!

7. Water Level

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

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

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

Name CASCADE DRILLING
Contractor

Address 230 E SYNEY DR.
Contractor

M CARRON, NV
Nevada contractor's license number
issued by the State Contractor's Board 73966

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2434 M

Signed M. Carron
By driller performing actual drilling on-site or contractor

Date 2-5-14

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

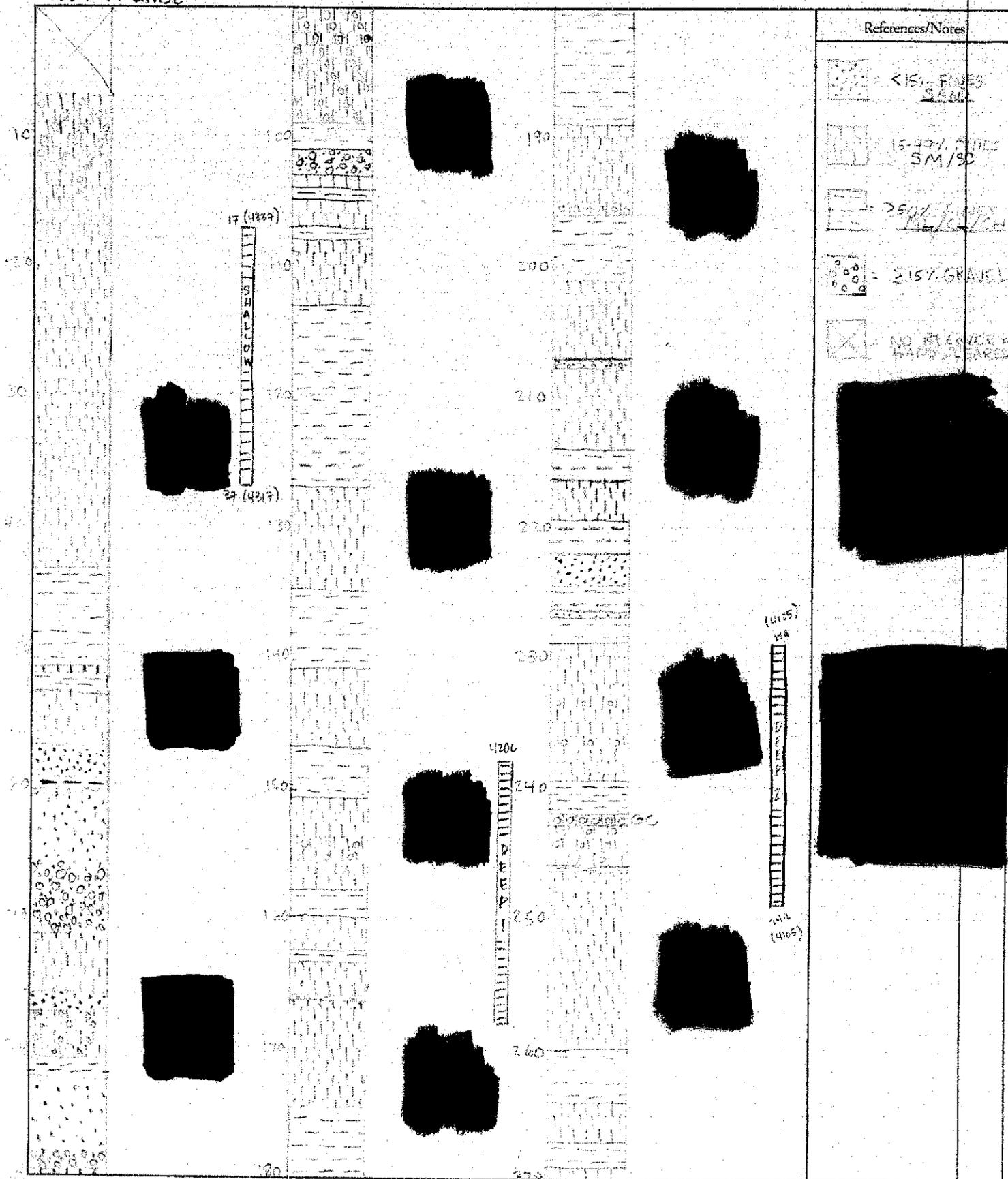
BROWN AND CALDWELL

Log 119861

Date Checked	Checked By	Job Number	By	Date	Calc. No.	Sheet No.
		144230	K. NORMAN	11-17-2013		1
Project			Subject			
ADDITIONAL MW INSTALLATION			BVI-50 GENERALIZED LITHOLOGY LOG			

GROUND SURFACE

4354 FT AMSL



Log 119564

BROWN AND CALDWELL

Date Checked	Checked By	Job Number	By	Date	Calc. No.	Sheet No.
		144230	K. NORMAN			2
Project				Subject		
ADDITIONAL MW INSTALLATION				BIW-50 GENERALIZED LITHOLOGY LOG		

APPROXIMATE GROUND SURFACE
~4354 FT AMSL

