

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

OFFICE USE ONLY
Log No. 120455
Permit No. 61997
Basin No. 107

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. 20842
WELL NAME (if applicable):

1. OWNER/CLIENT NAME Royce Anderson
MAILING ADDRESS 350 Wellington Court NE Wellington NV 89444

DETAILED ADDRESS AT WELL LOCATION 350 Wellington Court NE

2. PLS LOCATION SE 1/4 NE 10/4 18 Sec 10 N/S 24 E
PERMIT/WAIVER NO. 61997 90-241-51
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Lyon
Latitude 38.430604 UTM E NAD 27
Longitude 119.20132 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# 66182
 Replacement: Original well log # _____
 Recondition: Original well log # _____

PROPOSED USE
 Domestic Mining / Dewater Test / Other
 Irrigation Com / Ind Mun / QM
 Monitor Stock Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Loos Rough Rock			280	323	43
Sticky Clay			323	396	73
Cobbles			396	412	16
Small to Med Gravel			412	1	
Med Clay with Gravel			455	1	43
Loos Multie Colored Small to Large Gravel			463	1	8
			463	1	
			1	1	
			1	580	177

9. WELL CONSTRUCTION

Depth Drilled: 300 Feet Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>7 7/8</u>	<u>280</u>	<u>580</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>260</u>	<u>580</u>

PERFORATIONS:

Type of perforation: Factory
Size of perforation: 3/32
From 340 Feet To 520 Feet
From 560 Feet To 580 Feet

ANNULAR MATERIALS

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

7. WATER QUALITIES
Static water level: _____ Feet below land surface
Artesian Flow: N/A G.P.M. 60+ P.S.I.
Water Temperature: 60 ° Fahrenheit
Water Quality: Clear

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: BLAIN DRILLING & PUMP CO INC.
Address: P.O. Box 1255 Carson City, NV 89702

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>500 FT</u>	<u>60+</u>	<u>5</u>

Nevada contractor's license number as issued by the State Contractor's Board: 464984
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2321
Signed: C. Robinson
Date: 4-09-14