

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

OFFICE USE ONLY
Log No. 120506
Permit No. _____
Basin No. 053

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. 71640
WELL NAME (if applicable): DOME HOL

1. OWNER/CLIENT NAME ETCHEVERRY FAMILY LTD PARTNER
MAILING ADDRESS 7933 CALLOWAY DRIVE
BAKERSFIELD, CA 93314

DETAILED ADDRESS AT WELL LOCATION 30 miles N. on SR 278 from the
junction of US 50
Subdivision Name: _____ County: EUREKA

2. PLS LOCATION SE 1/4 SW 1/4 18 Sec 23N N/S 52 E
PERMIT/WAIVER NO. 007-050-17
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 571579 NAD 27
Longitude _____ UTM N 4413415 NAD 83/WGS 84

3. WORKED PERFORMED
New Well Deepen: Orig WL# _____
 Replacement: Original well log # 35279
 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
TOPSOIL			0	1
GRAVEL, SAND & CLAY			1	19
CLAY			20	30
PEABBLE CONGLOMERATE			30	150
GRAVEL W/CLAY			150	170
PEABBLE CONGLOMERATE			170	190
PEABBLE CONGL w/clay zones			190	250
PEABBLE CONGLOMERATE			250	280
PEABBLE CONGL w/clay zones			280	420
PEABBLE CONGLOMERATE			420	440
PEABBLE CONGL w/clay zones			440	480
PEABBLE CONGLOMERATE			480	490
PEABBLE CONGL w/clay zones			490	520
1st water			120	
2nd water			420-440	
3rd water			480-490	
<i>Handwritten notes:</i> Nad 27 39.81691646 W 116.1630599 W replaces log 35279				

9. INSTRUCTION
Depth Drilled: 520 Feet Depth Cased: 500 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>520</u> Feet	<u>520</u> Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.675</u>	<u>13</u>	<u>.188</u>	<u>+2</u>	<u>500</u>
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips	<u>25</u> to <u>105</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>520</u> to <u>105</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:

Type of perforation: PLASMA CUT

Size of perforation: 3/16 X 4, 7 ROWS

From <u>120</u> Feet	To <u>140</u> Feet
From <u>420</u> Feet	To <u>440</u> Feet
From <u>480</u> Feet	To <u>500</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

Date started: 22-Jul _____
Date completed: 24-Jul _____

7. WATER QUALITIES
Static water level: 112 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 58 ° Fahrenheit
Water Quality: GOOD

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC
Contractor
Address P. O. BOX 850, ELKO, NEVADA 89803
Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____
Signed: [Signature] DOB
By driller performing actual drilling on site of contractor
Date: JULY 25, 2014

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>825 CFM @ 115 PSI</u>	<u>30</u>		
_____	_____	_____	_____