

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

OFFICE USE ONLY
Log No. 120511
Permit No. _____
Basin 064

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Well # 3

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

NOTICE OF INTENT NO. 72089

1. OWNER Todd Price
MAILING ADDRESS P.O. Box 1522
BATTLE MTN 89820
2. LOCATION SW 1/4 SW 1/4 Sec 24 T 32 N/S R 44 E
PERMIT/WAIVER No. 14-26 11-050-44
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION 409-26TH ST
BATTLE MTN 89820
Subdivision Name: _____ County: LANCASHIRE
Latitude _____ UTM E 502173 NAD 27
Longitude _____ N4497092 NAD 83WGS 84

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
TOP SOIL		0	5	
SAND		5	15	
Gray Shale		15	25	
Yellow Clay		25	40	
Green Clay		40	85	
Yellow Clay		85	90	
SANDY yellow clay		90	95	
Shale		95	100	
Red Gravel		100	110	
SANDY yellow clay		110	120	

9. WELL CONSTRUCTION
Depth Drilled 120 Feet Depth Cased 120 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 To 120 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Vt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.138</u>	<u>+1</u>	<u>120</u>

Perforations:
Type of perforation SAVED
Size of perforation 3/8 x 3
From 100 feet to 120 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 60 Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 90 to 120 Pumped Poured
Type: 3/8
Bentonite Chips: Yes No 60 to 90 Pumped Poured
Type: 3/8

Date started: 7-21, 20 14
Date completed: 7-22, 20 14

7. Water Level
Static water level: 45 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Rotary</u>	<u>100+</u>	<u>1/2</u>	<u>1 Hr.</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name LBJ DRILLING & PUMP COMPANY, INC.
Address P.O. BOX 902 - Winnemucca, NV 89446
Nevada contractor's license number
Issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the
Division of Water Resources, the on-site driller 1807
Signed Joe Boggio
By driller performing actual drilling on site or contractor Joe Boggio
Date _____