

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

OFFICE USE ONLY
Log No. 120564
Permit No. _____
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. 72066
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME LOUIS COMPSTON
MAILING ADDRESS 43 DAY LANE
SMITH, NV 89430

2. PLS LOCATION SE ¼ NW ¼ 19 Sec 11 N/S 24 E
PERMIT/WAIVER NO. _____ 010-421-02
Issued by Water Resources Current Parcel No.

DETAILED ADDRESS AT WELL LOCATION 43 DAY LANE
SMITH, NV 89430
Subdivision Name: _____ County: Lyon

Latitude 38.806045°N UTM E NAD 27
Longitude 119.330169°W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deeper: Orig WL# _____
 Replacement: Original well log # 10364
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Mining / Dewater Test / Other
 Irrigation Corn / Ind Mun / QM
 Monitor Stock Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strala	From	To
OVER BURDEN			0	3
BROWN CLAY			3	24
DG SANDS			24	45
COURSE DG GRAVELS			45	63
BROWN CLAY			63	96
BROWN SILTY CLAY			96	189
SMALL DG SANDS				
GRAY CLAY			189	236
COURSE DG SANDS	XX		236	241
BROWN CLAY			241	250
COURSE DG SANDS				
DG GRAVELS			250	320

NAD 77
38.806133°N
119.329177°W

Date started: 24-Jul , 20 14
Date completed: 30-Jul , 20 14

9. INSTRUCTION

Depth Drilled: 320 Feet Depth Cased: 320 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 3/4</u> Inches	<u>0</u> Feet <u>320</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>6 5/8</u>	<u>13.03</u>	<u>.188</u>	<u>2</u>	<u>320</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 100 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 100 to 320 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: FACTORY MILL SLOT

Size of perforation: 3 X 3/32

From 280 Feet To 320 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

7. WATER QUALITIES

Static water level: 100 Feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: COLD ° 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 CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor

Address 20 KIT KAT DRIVE CARSON CITY, NV 89705
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 0055548

Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____

Signed: Michael J. Back
Driller performing actual drilling on site or contractor

Date: 7/31/2014

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)	Recorded Time (Hours)
<u>35</u>	<u>90</u>	<u>3 HRS</u>

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 AUG 20 AM 7:09
 STATE ENGINEERS OFFICE

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

Replacing Well log 10364