

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

OFFICE USE ONLY
Log No. 120722
Permit No. 83877
Basin 203

PRINT OR TYPE 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. 33759

1. OWNER Robert & Carol Matthews ADDRESS AT WELL LOCATION 3 Miles South of Panaca, NV
MAILING ADDRESS PO Box 328
Panaca, NV 89042 Subdivision Name: _____ County: Lincoln

2. LOCATION SE 1/4 SW 1/4 Sec 19 T 2 N R 68 E Latitude 37° 45' 20.66" UTM E NAD 27
PERMIT/WAIVER No. 83877 | 012-210-13 Longitude 114° 25' 08.33" N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	3	3
Gray Clay		3	10	7
Gray Clay, 10% Sand		10	30	20
Gray Sand		30	38	8
Gray Clay, Sand (30%)		38	70	32
Clay, 60% Sand		70	85	15
Clay, 20% Sand		85	118	33
Clay		118	123	5
Sand (50%), 1/8" Gravel		123	127	4
1/8 - 3/8" Gravel		127	198	71
Brown Clay		198	200	2

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9. WELL CONSTRUCTION

Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>24</u>	0	200	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>16"</u>		<u>.375</u>	<u>+2</u>	<u>200</u>

Perforations:

Type of perforation Mill
Size of perforation 5/32 x 2 1/2 x 16

From 100 feet to 200 feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout D to 100 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured
Type: 3/8 - 1/2"

Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: August 6, 2014
Date completed: August 7, 2014

7. Water Level
Static water level: 30 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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>800</u>		<u>3 HRS.</u>

10. DRILLER'S CERTIFICATION

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

Name Gardner Brothers Drilling Contractor
Address PO Box 9655 Contractor
Enterprise, UT 84722

Nevada contractor's license number _____
issued by the State Contractor's Board

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

Signed [Signature]
By driller performing actual drilling on-site or contractor

Date Aug. 11, 2014

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