

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

OFFICE USE ONLY
Log No. 120926
Permit No. 78929
Basin 137

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

1. OWNER Wilde Brough ADDRESS AT WELL LOCATION HC 60 BOX 160 NOTICE OF INTENT NO. 69107
MAILING ADDRESS Wells, NV 89835 Subdivision Name: Wells, NV 89835 County: Elko
2. LOCATION NW 1/4 Sec 21 T 35 S R 62 E Latitude 40.90795 UTM E NAD 27
PERMIT/WAIVER No. 78929 Longitude 114.98588 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	Thick-ness
Top Soil		0	3	3
Gray Clay		3	13	10
Tan Sand, Gravel, cobbles	X	13	25	12
Clay		25	35	10
Brown Sand & gravel	X	35	145	110
1/2-1 1/4" Gravel, Sand	X	145	155	10
10" b Clay, 1/2-3/8 gravel, sand	X	155	200	45
Brown Clay & Sand	X	200	240	40
Silt, Boulders	X	240	285	45
Clay-Silt 60%, Sand cobbles	X	285	315	30
Gray Sand, cobbles, Boulders	X	315	400	85

9. WELL CONSTRUCTION
Depth Drilled 400 Feet Depth Cased 400 Feet
HOLE DIAMETER (BIT SIZE)
From 26 Inches To 400 Feet
Inches Feet
Inches Feet
Inches Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
16 375 +2 400

Perforations:
Type of perforation Mill
Size of perforation 5/32 x 2 1/2 x 16
From 140 feet to 400 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 100 to 400 Pumped Poured
Type: 3/8" 27 yards
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level
Static water level 34 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	<input checked="" type="checkbox"/> Pump	Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Line shaft	3000	220	32 HRS

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 965 Contractor
Enterprise, UT 84725
Nevada contractor's license number _____
issued by the State Contractor's Board 006B459
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1710
Signed Dale Gardner
By driller performing actual drilling on-site or contractor
Date Oct. 3, 2014