

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

OFFICE USE ONLY  
Log No. 121042  
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. 09627  
WELL NAME (if applicable): \_\_\_\_\_

1. OWNER/CLIENT NAME Stephen Dick DETAILED ADDRESS AT WELL LOCATION 43 Pinon Dr  
MAILING ADDRESS 43 Pinon Drive  
Wellington NV  
Subdivision Name: \_\_\_\_\_ County: Nev

2. PLS LOCATION SC 1/4 SW 1/4 10 Sec 11 N/S 23 E Latitude 38°49.927 UTM E  NAD 27  
PERMIT/WAIVER NO. 00905208 Longitude 119°24.181 UTM N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Deepen: Orig WL# \_\_\_\_\_  
 Replacement: Original well log # \_\_\_\_\_  
 Recondition: Original well log # \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Monitor  Auger  Rotary  RVC  
 Mining / Dewater  Com / Ind  Stock  Air  Mud  Sonic  
 Test / Other  Mun / QM  Rec  Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
Sand & Gravel			0	38	38
Sand & Cobbles			38	63	25
Drige, Black & White Granite			63	132	69
Black & White Quartz Granite			132	221	89
Brown Clay			221	227	6
Fractured Granite			227	300	73

9. WELL CONSTRUCTION  
Depth Drilled: 350 Feet Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>11</u>	<u>0</u>	<u>75</u>		
<u>9 7/8</u>	<u>75</u>	<u>300</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>.188</u>	<u>0</u>	<u>300</u>

PERFORATIONS:

Type of perforation: Factory cut

Size of perforation: .640

From	To	Feet	Feet
<u>300</u>	<u>280</u>		
<u>260</u>	<u>240</u>		

ANNULAR MATERIALS

<input checked="" type="checkbox"/> Sanitary Seal	<u>0</u> to <u>56</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>56</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15 % <input type="checkbox"/> 20 % <input type="checkbox"/> Other, explain: _____			
<input checked="" type="checkbox"/> Gravel Pack [ > 0.2 in. ]	<u>56</u> to <u>300</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

7. WATER QUALITIES  
Date started: 9-13 20 14  
Date completed: 9-21 20 14

Static water level: 300 Feet below land surface  
Artesian Flow: No G.P.M. 20 P.S.I.  
Water Temperature: Cold ° Fahrenheit  
Water Quality: N/A

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>		<u>5</u>

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name: BLAIN DRILLING & PUMP CO INC  
Address: PO Box 1255 Carson City, NV 89702  
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 46489A  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2321

Signed: C. Robinson  
By driller performing actual drilling on site or contractor

Date: 10-2-14