

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

OFFICE USE ONLY
Log No. 121314
Permit No. _____
Basin No. 108

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. 71240
WELL NAME (if applicable): DW-8131

1. OWNER/CLIENT NAME Atlantic Richfield Company
MAILING ADDRESS 4 Centerpoint Drive
La Palma, CA 90623

DETAILED ADDRESS AT WELL LOCATION 145A N. Highway 95A
VERMONT, NV 89497
Subdivision Name: _____ County: Lyon

2. PLS LOCATION SE 1/4 NE 1/4 16 Sec 14 T25 E
PERMIT/WAIVER NO. 9-0007-0005
Issued by Water Resources Current Parcel No.

Latitude 39.07946122 UTM E NAD 27
Longitude 119.18546744 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
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
See Attached Sheets					
NAD 27 39.079544°N 119.184476°W					

9. WELL CONSTRUCTION
Depth Drilled: 46 Feet Depth Cased: 45 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>7"</u> Inches	<u>0</u> Feet
_____ Inches	_____ Feet
_____ Inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>50</u>	<u>1/8"</u>	<u>0</u>	<u>45</u>
_____	_____	_____	_____	_____

PERFORATIONS:
Type of perforation: 2.20 Factory Cut
Size of perforation: 2.20
From 25 Feet To 45 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

<input type="checkbox"/> Sanitary Seal _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout <u>0</u> to <u>16</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips <u>16</u> to <u>22'</u>	<input type="checkbox"/> Pumped	<input checked="" 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>23</u> to <u>46</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.] <u>22</u> to <u>23</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 3-9, 20 14
Date completed: 3-10, 20 14

7. WATER QUALITIES
Static water level: 20 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Cascade Drilling LP Contractor
Address 230 E. Sydney Drive McCarran, NV Contractor

8. WELL TEST DATA

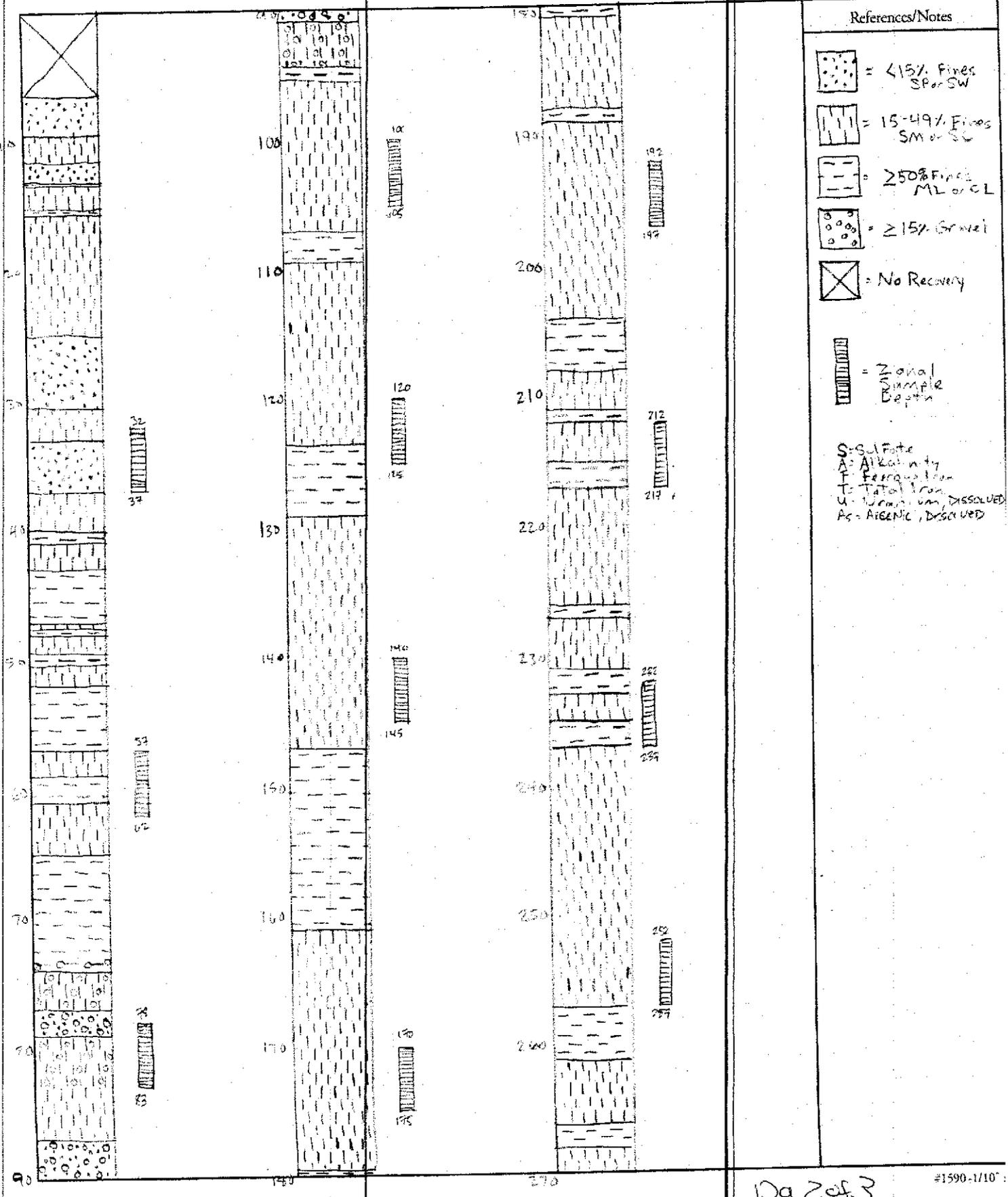
Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

Nevada contractor's license number as issued by the State Contractor's Board: 73966
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 247540
Signed: [Signature]
Date: 3-10-14

BROWN AND CALDWELL

Date Checked	Checked By	Job Number	By	Date	Calc. No.	Sheet No.
		144230.100	K Norman	2-13-14		1 / 2
Project				Subject		
Additional MW Installation				B/W-81 Generalized Lithology Log		

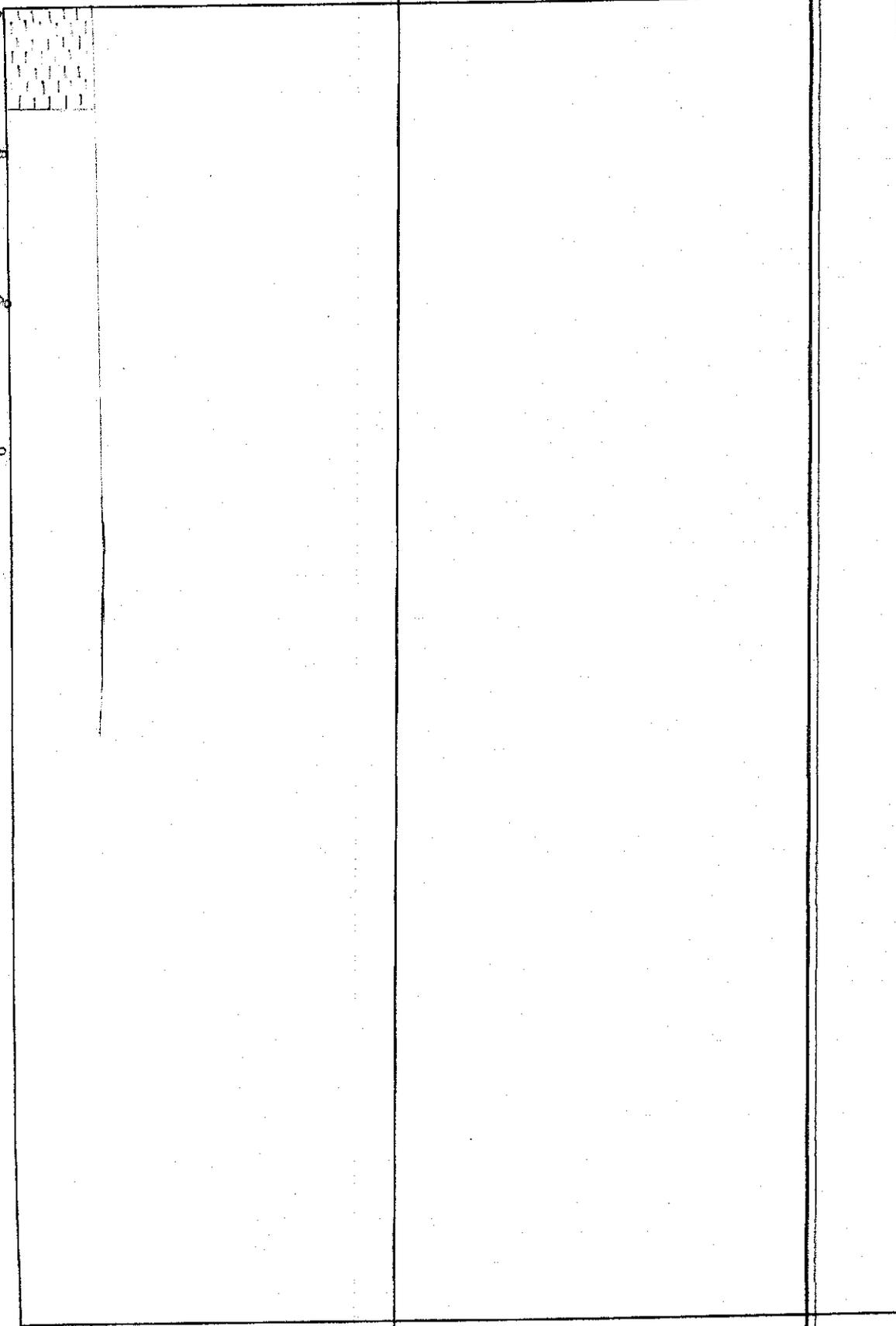
~4331 FT AMSL



BROWN AND CALDWELL

Date Checked	Checked By	Job Number	By	Date	Calc. No.	Sheet No.
		1111230				1 2
Project				Subject		
ADDITIONAL MW INSTALLATION				B/W-81 GENERALIZED LITH LOG		

250
280
290
300



References/Notes

-  = 45% FINE SAND
-  = 15-45% FINES SILT OR CL
-  = ≥ 50% FINES CL OR ML
-  = ≥ 15% GRAVEL
-  = NO RECOVERY

 = ZONAL SAMPLE DEPTH

S = SULFATE
 A = ALKALINITY
 F = FERROUS IRON
 T = TOTAL IRON
 U = URANIUM, DOCS
 AD = ARSENIC, DISS.