

VE-2

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

OFFICE USE ONLY
Log No. 121532
Permit No.
Basin 037

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. 70114

1. OWNER Texland Properties Corp. 7111 ADDRESS AT WELL LOCATION 1680 Silverado Blvd Reno
MAILING ADDRESS P.O. box 711 Dallas TX 75221

2. LOCATION SE 1/4 SW 1/4 Sec 6 T 19 S R 20 E Latitude 39.54449621 UTM E 260499.01 NAD 27
PERMIT/WAIVER No. MO-1959 008-073-01 Longitude -119.78248848 N 4580900.77 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Monitor
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
Silty sand w/gravel		1'	4'	4'
Silty sand, loose gravel		4'	10'	6'
well graded gravel w/sand		10'	15'	5'
same as above		15'	20'	5'
sand, gravel mix		20'	25'	5'
loose sand, gravel		25'	30'	5'
gravel w/silty sand, moist		30'	35'	5'

9. WELL CONSTRUCTION
Depth Drilled 35 Feet Depth Cased 35 Feet
HOLE DIAMETER (BIT SIZE)
From 6 1/2 Inches To 35 Feet
Inches Feet
Inches Feet

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>SCH 40</u>	<u>0</u>	<u>35</u>

Perforations:
Type of perforation slotted
Size of perforation 10/16
From 20 feet to 35 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 16' to 1' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 35' to 18' Pumped Poured
Type: 2 1/2 Filter sand
Bentonite Chips: Yes No 18' to 16' Pumped Poured
Type: Medium

Date started: NOV 20, 20 14
Date completed: NOV 20, 20 14

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

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Gross Drilling & Testing Contractor
Address 950 Howard rd Martinec Contractor
Nevada contractor's license number 38113
issued by the State Contractor's Board
Nevada driller's license number issued by the 24355-55
Division of Water Resources, the on-site driller
Signed _____
By driller performing actual drilling on-site or contractor
Date 12.17.14

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY