

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

OFFICE USE ONLY
Log No. 121594
Permit No. _____
Basin No. 105

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. 63293
WELL NAME (If applicable): _____

1. OWNER/CLIENT NAME Dave Morrison
MAILING ADDRESS 202 Taylor Creek GD W

DETAILED ADDRESS AT WELL LOCATION 202 Taylor Creek
Subdivision Name: _____ County: _____

2. PLS LOCATION 1/4 NW 1/4 03 Sec 12 N/S 19 E
PERMIT/WAIVER NO. 124-03-001-057
issued by Water Resources Current Parcel No.

Latitude 39.93673 UTM E NAD 27
Longitude 119.8130 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 94447
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic
 Mining / Dewater
 Test / Other
 Irrigation Monitor
 Com / Ind Stock
 Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Mud Sonic
 Air Other

6. LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
Dirt			0	11	11
SAND-cobbles			11	46	35
Brown clay			46	54	8
OG			54	132	78
Dense clay			132	143	11
OG			143	197	54
Yellow clay			197	223	26
Dk. large sand		X	223	280	57

9. WELL CONSTRUCTION
Depth Drilled: 280 Feet Depth Cased: 280 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
	0	105	Feet
<u>11</u>			Inches
<u>9 7/8</u>	105	280	Feet
			Inches

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>18.14</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6</u>		<u>SOL21</u>	<u>20</u>	<u>280</u>

PERFORATIONS:
Type of perforation: factory screen
Size of perforation: 1.34
From 240 Feet To 290 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

<input checked="" 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>105</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 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 type="checkbox"/> Gravel Pack [> 0.2 in.] <u>105</u> to <u>290</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

Date started: 11-6 , 20 14
Date completed: 11-9 , 20 14

7. WATER QUALITIES
Static water level: 56 Feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I.
Water Temperature: 61.9 ° Fahrenheit
Water Quality: Clear

8. WELL TEST DATA			
Test Method:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<u>40A</u>	<u>3</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.
Contractor: P.O. Box 1255
Address: Carson City, NV 89702
Contractor: _____
Nevada contractor's license number as issued by the State Contractor's Board: 46498A
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 21594
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 11-10-14

Replaces Well log 94447