

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

OFFICE USE ONLY
Log No. 121926
Permit No. _____
Basin _____

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. 35488

1. OWNER WILDHAWK LIVING TRUST ADDRESS AT WELL LOCATION 2900 W TONYA DR
MAILING ADDRESS PO BOX 13236 PAHRUMP
LAS VEGAS NV 89112-1236 Subdivision Name: VALLEY VIEW ACRES County: NYE

2. LOCATION NW 1/4 NW 1/4 Sec 30 T 19S N 36°16'35.9" E Longitude N 36°16'35.9" UTM E NAD 27
PERMIT/WAIVER No. 29-462-19 Longitude W 116°04'00.8" 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
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SILT		0	25	25
CALICHIE		25	32	7
CLAY		32	70	38
CALICHIE	WB	70	85	15
CLAY		85	120	35
CALICHIE	WB	120	125	5
CLAY		125	135	10
CALICHIE	WB	135	160	25
CLAY		160	185	25
CALICHIE	WB	185	195	10
CLAY		195	200	5

9. WELL CONSTRUCTION

Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12-1/4</u> inches	<u>0</u> Feet <u>200</u> Feet
_____ inches	_____ Feet _____ Feet
_____ inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>3.63</u>	<u>.280</u>	<u>0</u>	<u>200</u>

Perforations: Type of perforation SCREEN
Size of perforation .032

From	feet to	feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal: Yes No

Material	to	to	Pumped	Poured
<input type="checkbox"/> Neat Cement	_____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u>	<u>70</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 70 to 200 Pumped Poured

Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 17-Jun , 20 14
Date completed: 17-Jun , 20 14

7. Water Level:
Static water level: 74 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name GREAT BASIN DRILLING
Contractor

Address 1220 MANSE RD
Contractor

PAHRUMP NV 89048

Nevada contractor's license number _____
issued by the State Contractor's Board 47333

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1426

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 6/18/2014

USE ADDITIONAL SHEETS IF NECESSARY

36-2766798
-116-0660259

NAD
2A