

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

OFFICE USE ONLY
Log No. 121981
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. 69299

1. OWNER NYE County ADDRESS AT WELL LOCATION 3771 South Fox Ave
MAILING ADDRESS 2101 E. Calverley Blvd Ste. 100 Primm NV Subdivision Name: Unit 9a Calverley County: NYE
2. LOCATION SW 1/4 SW 1/4 Sec 33 T20N R54E Latitude 36° 09' 51.6" N NAD 27
PERMIT/WAIVER No. 69299 041-283-36 Longitude 115° 55' 22.9" W NAD 83/WGS 84
Issued by Water Resources MO-2108 Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Municipal/Industrial Monitor Stock Air Other
5. WELL TYPE Cable Rotary RVC Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sands and Gravels</u>	<u>X</u>	<u>0</u>	<u>260</u>	
<u>Clays with small layers of Gravels & sands</u>		<u>260</u>	<u>704</u>	

9. WELL CONSTRUCTION
Depth Drilled 704 Feet Depth Cased 704 Feet
HOLE DIAMETER (BIT SIZE)
From To
24 Inches 0 Feet 100 Feet
1.6 Inches 100 Feet 704 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>		<u>.375</u>	<u>0</u>	<u>100</u>
<u>3</u>		<u>.750</u>	<u>0</u>	<u>704</u>

Perforations:
Type of perforation Mill slot
Size of perforation .100
From 307 feet to 357 feet
From 480 feet to 704 feet

Annular Seal: Yes No
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout to Pumped Poured
 Concrete Grout to Pumped Poured
 ≥30% Bentonite Grout to Pumped Poured
Gravel Pack: Yes No 0 to 704 Pumped Poured
Type: Tacna 3/8
Bentonite Chips: Yes No to Pumped Poured
Type: _____

Date started: August 20 20 12
Date completed: August 30 20 12

7. Water Level
Static water level: 60' feet below land surface
Artesian Flow: _____ G.P.M. P.S.I.
Water Temperature: 64 °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Pump</u>	<u>160</u>	<u>250</u>	<u>7.2 Hours</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Nick Owens Contractor
Address Drill Tech Contractor
Nevada contractor's license number _____
Issued by the State Contractor's Board 0070279
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2380
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date Sept -20-2012

USE ADDITIONAL SHEETS IF NECESSARY

361643706
-115.9221714
NAD 27