

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

OFFICE USE ONLY
Log No. 122394
Permit No. _____
Basin No. 101

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. 72877
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Carrie Sieben- LL Realty
MAILING ADDRESS P.O Box 1344
Fernley, NV 89408

DETAILED ADDRESS AT WELL LOCATION 5980 Arvilla Lane
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW 1/4 SW 1/4 20 Sec 19 N/S 28 E
PERMIT/WAIVER NO. 008-153-37
Issued by Water Resources Current Parcel No.

Latitude 39.49379 UTM E NAD 27
Longitude -118.87548 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 48855
 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
Brown Sand			0	12
Brown Clay			12	14
Brown Sand			14	43
Gray Clay			43	46
Gray Sand			46	51
Black Clay			51	56
Gray Clay			56	58
Gray Sand			58	64
Brown Clay			64	78
Brown Gravel			78	88
Black Clay			88	93
Black Sand			93	94
Brown Clay			94	96
Fine Brown Sand			96	105
Brown Sand		X	105	110

replaces well log 48855
Nad 27
39.49379
-118.87548

9. INSTRUCTION

Depth Drilled: 118 Feet Depth Cased: 118 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12</u> Inches	<u>0</u> Feet <u>110</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 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>18</u>
<u>6</u>	<u>4</u>	<u>.316</u>	<u>18</u>	<u>118</u>

ANNULAR MATERIALS

Sanitary Seal	Yes	No		
<input checked="" type="checkbox"/> Neat Cement	<u>0</u>	to <u>105</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	to _____	<input 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 checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105</u>	to <u>118</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

PERFORATIONS:

Type of perforation: Saw Cut

Size of perforation: 1/8

From 107 Feet To 110 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

Date started: 3-Apr 20 15
Date completed: 16-Apr 20 15

7. WATER QUALITIES

Static water level: _____ 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 Parsons Drilling, Inc. Contractor
Address P.O. Box 1265 Fallon, NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 29064
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2307

Signed: Wayne Purn
By doing performing actual drilling on site or contractor

Date: 4/29/2015

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
G.P.M.	_____	_____	_____
Draw Down (Feet Below Static)	_____	_____	_____
Recorded Time (Hours)	_____	_____	_____

RECEIVED
 2015 MAY 18 PM 4:12
 STATE ENGINEERS OFFICE

(Rev. 12-13)