

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

OFFICE USE ONLY
Log No. 122403
Permit No. _____
Basin 069

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

1. OWNER DAWN BURGON ADDRESS AT WELL LOCATION 6055 PARADISE RANCHOS DR, WMCA, NV
MAILING ADDRESS 6050 PARADISE RANCHOS DR, WMCA, NV 89445 Subdivision Name: _____ County: HUMBOLDT

NOTICE OF INTENT NO. 7209D

2. LOCATION SW 1/4 SW 1/4 Sec 18 T 39 N/S R 39 E Latitude UTM E 446623 NAD 27
PERMIT/WAIVER No. 3939-18-300-008 Longitude N 4566658 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Cable
 Municipal/Industrial Monitor Stock Air Other

5. WELL TYPE
 Rotary RVC

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------|--------------|------|-----|------------|
| Top soil | | 0 | 10 | 10 |
| Gravel | | 10 | 20 | 10 |
| Brown Clay | | 20 | 100 | 80 |
| GRAVEL, rock | | 100 | 110 | 10 |
| Grey, brown clay | | 110 | 140 | 30 |
| Brown clay | | 140 | 160 | 20 |

9. WELL CONSTRUCTION
Depth Drilled 160 Feet Depth Cased 160 Feet
HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 160 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 7/8</u> | | <u>1.08</u> | <u>71</u> | <u>65</u> |
| <u>5"</u> | | <u>2.50</u> | <u>60</u> | <u>160</u> |

Perforations:
Type of perforation Torch Cut
Size of perforation 1/8 x 6"
From _____ feet to _____ feet
From 120 feet to 160 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 30 Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 100 to 160 Pumped Poured
Type: _____
Bentonite Chips: Yes No 100 to 30 Pumped Poured
Type: 3/8" 100

Date started 4-27 20 15
Date completed 4-30 20 15

7. Water Level
Static water level: 40' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 50 °F
Quality: Palatable

8. WELL TEST DATA

| TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|-----------|-------------------------------|---------------|
| <u>ROTARY</u> | <u>50</u> | <u>UNK</u> | <u>2 Hrs.</u> |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name LBJ DRILLING & PUMP COMPANY, INC.
Address P.O. BOX 902 - Winnemucca, NV 89446
Nevada contractor's license number _____
issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
Signed Joe Boggio
By driller performing actual work on site of contractor
Date _____

RECEIVED
MAY 20 AM 11:18
STATE ENGINEERS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY