

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

OFFICE USE ONLY
Log No. 122617
Permit No. _____
Basin No. 153

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. 72902
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Bobby & Patricia Peak
MAILING ADDRESS 126 Sirrah Way
Eureka, NV 89316

DETAILED ADDRESS AT WELL LOCATION 126 Sirrah Way
Eureka, NV 89316
Subdivision Name: _____ County: Eureka

2. PLS LOCATION NW ¼ SE ¼ 29 Sec 20 N/S 53 E
PERMIT/WAIVER NO. 007-380-25
Issued by Water Resources Current Parcel No.

Latitude 39.56472 UTM E NAD 27
Longitude 116.02299 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 107024
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Corn / 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
Top Soil			0	3
Sand/Clay			3	12
Gravel			12	20
Clay			20	22
Sand/Gravel			22	158
Boulders/Gravel			158	270
Sand/Gravel		X	270	310
Gravel/Clay			310	354
Gravel/Sand			354	358
Clay			358	412
Boulders/Clay			412	449
Brown Clay			449	460
Boulders/Gravel		X	460	470
Clay			470	479
Boulders/Gravel w/Clay		X	479	545

9. INSTRUCTION
Depth Drilled: 545 Feet Depth Cased: 545 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12</u> Inches	<u>0</u> Feet <u>545</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>1.88</u>	<u>+2</u>	<u>545</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>5</u> to <u>55</u>	<input type="checkbox"/> Pumped	<input checked="" 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>55</u> to <u>545</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: 13-May 20 15
Date completed: 22-May 20 15

7. WATER QUALITIES
Static water level: 210 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

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

PERFORATIONS:

Type of perforation: Mills Cut
Size of perforation: 1/8

From <u>300</u> Feet	To <u>325</u> Feet
From <u>475</u> Feet	To <u>495</u> Feet
From <u>525</u> Feet	To <u>545</u> Feet

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): 2509

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

Date: 6/4/2015

2015 JUN 15 11:43 AM
 RECEIVED
 STATE ENGINEERS OFFICE

Replaces Well log 107024