

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

OFFICE USE ONLY
Log No. 172641
Permit No. _____
Basin No. 049

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. 73143
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME BRAEMAR CONSTRUCTION LLC
MAILING ADDRESS P.O. BOX 95410
SOUTH JORDAN, UT 84095

DETAILED ADDRESS AT WELL LOCATION 322 ANDY'S WAY

2. PLS LOCATION SE 1/4 SW 1/4 25 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 006-09K-061
Issued by Water Resources Current Parcel No.

Subdivision Name: SUMMIT EST County: ELKO
Latitude UTM E 607088 NAD 27
Longitude UTM N 4517004 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 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
ALLUVIUM			0'	30'
GREY CLAY			30'	40'
GREEN CLAYS			40'	130'
GREEN CLAYS WITH SOME RED'S IN IT			130'	160'
GREEN CLAYS			160'	240'
GREY & GREEN CLAYS			204'	290'
BLACK SHALL			290'	300'
HIT A PERCHED WATER @ 280'				
BLOW DRY AFTER 15MIN				
BLACK SHALL			300'	400'
DARK GRAY SAND STONE M / HARD			400'	480'
MEDIUM DARK SAND STONE			480'	550'

9. INSTRUCTION
Depth Drilled: 550' Feet Depth Cased: 550' Feet
HOLE DIAMETER (BIT SIZE)
From 0' To 550'
10 5/8 Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2'	550'

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 5' to 25' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 25' to 55' Pumped Poured
 Gravel Pack [> 0.2 in.] 55' to 550' Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 6-1- 20 15
Date completed: 6-4- 20 15

7. WATER QUALITIES
Static water level: 458 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 68 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA			
Test Method:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>530'</u>	<u>15</u>		<u>2 HOURS</u>
<u>500'</u>	<u>5</u>		<u>1/2 HOUR</u>

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16 X 4" 7 ROW
From 530' Feet To 550' Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC. Contractor
Address P.O. BOX 850, ELKO, NV 89803 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 920582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1168
Signed: Dale C. Vedern
By driller performing actual drilling on site or contractor
Date: 6/11/2015

REGISTERED PROFESSIONAL ENGINEER
 STATE OF NEVADA
 NO. 22 AM 11:31
 1168