

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

OFFICE USE ONLY
Log No. 124483
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. 21454
WELL NAME (If applicable): _____

1. OWNER/CLIENT NAME Ralph Mills
MAILING ADDRESS 8255 Wheeler Rd
Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION 4754 Burk Ann
Fallon NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SE 1/4 NW 1/4 4 Sec 18 N/S 20 E
PERMIT/WAIVER NO. 000 231 64
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 9340651 NAD 27
Longitude _____ UTM N 4368594 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
 Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
Brown Sands			0	30	30
Black sands & Clay	X		30	60	30
Brown sands & Gravel	X		60	95	35
Black Sands / Clay	X		95	130	35
Black Gravel	X		130	140	10
Coarse Sands & Gravel	X		140	185	45
Clay			185	187	2

9. WELL CONSTRUCTION
Depth Drilled: 187 Feet Depth Cased: 187 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 3/4 Inches 0 Feet 100 Feet
6 1/8 Inches 100 Feet 187 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 1/8</u>	<u>12.4</u>	<u>.188</u>	<u>0</u>	<u>187</u>

PERFORATIONS:
Type of perforation: Factory cut
Size of perforation: 60 thousand 2" cut
From 180 Feet To 185 Feet

ANNULAR MATERIALS
 Sanitary Seal to _____
 Neat Cement 0 to 100 Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 Bentonite Chips to _____ Pumped Poured
 Bentonite Grout to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] to _____ Pumped Poured
 Sand Pack [< 0.2 in.] to _____ Pumped Poured
 Other, explain: _____

7. WATER QUALITIES
Static water level: 20 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: Not tested

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Wabco Corp Contractor
Address Po Box 888 Fallon NV 89406 Contractor

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>2</u>	

Nevada contractor's license number as issued by the State Contractor's Board: 11252
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2539
Signed: _____
Date: 2-11-16