

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

OFFICE USE ONLY
Log No. 124484
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. 74457
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Ralph Mills
MAILING ADDRESS 2255 sneaker
Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION 4716 Bebe Ann
Fallon NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SE 1/4 NW 1/4 41 Sec 18 N/S 28 E
PERMIT/WAIVER NO. 006-231-608
SW Issued by Water Resources Current Parcel No. 3

Latitude _____ UTM E 0340663 NAD 27
Longitude _____ UTM N 4368585 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 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	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
Grey sands & Gravel	X		140	185	45
Clay			185	187	2

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9. WELL CONSTRUCTION
Depth Drilled: 0 Feet 187 Depth Cased: 187 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 3/4 Inches 0 Feet 100 Feet
6 7/8 Inches 100 Feet 187 Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 7/8</u>	<u>124</u>	<u>.188</u>	<u>+2</u>	<u>187</u>

PERFORATIONS:
Type of perforation: Factory Cut
Size of perforation: 60 thousands 2" cut
From 180 Feet To 187 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

<input type="checkbox"/> Sanitary Seal _____ to _____	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Neat Cement <u>0</u> to <u>100</u>	<input 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 type="checkbox"/> Bentonite Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15 % <input type="checkbox"/> 20 % <input type="checkbox"/> Other, explain: _____		
<input type="checkbox"/> Gravel Pack [> 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped	<input 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: _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 2-8-16 . 20
Date completed: 2-9-16 . 20

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 WELSON CORP Contractor
Address P.O. 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: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2699
Signed: Jens Meinert
By driller performing actual drilling on site or contractor
Date: 2-18-16