

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

OFFICE USE ONLY
 Log No. 82795
 Permit No. 107 85598
 Basin 107


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Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 44880

1. OWNER Glen Peters ADDRESS AT WELL LOCATION Wellington
 MAILING ADDRESS P.O. Box 246
Wellington, NV 89444

2. LOCATION SE 1/4 NE 1/4 Sec. 14 T 12N N/S R 23E E Lyon County
 PERMIT NO. 65590 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. Page 1 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	4	
fine silty sand		4	8	4
blue clay		8	41	33
sand w/sm. gravel		41	43	2
blue clay		43	50	7
sand & gravel		50	54	4
black sand		54	56	2
coarse sand/gravel		56	63	7
coarse sand/sm. gravel		63		
blue clay			76	13
blue clay		76	186	110
black clay		186	197	11
blue/grey clay		197	228	31
black clay		228	257	29
grey clay		257	333	76
coarse sand/clay		333	335	2
grey clay		335	372	37

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8. WELL CONSTRUCTION
 Depth Drilled 372 Feet Depth Cased 372 Feet

HOLE DIAMETER (BIT SIZE)
 From To
36 Inches 0 Feet 50 Feet
26 Inches 50 Feet 372 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
30		.250	0	5
30	corrugated		5	45
30	conductor	.250	45	50

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 372 feet

9. WATER LEVEL
 Static water level flowing feet below land surface
 Artesian flow 10 G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7/28/00, 19____
 Date completed 2/19/01, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Humboldt Drilling & Pump Co., Inc. Contractor
 Address 4675 W. Winnemucca Blvd Contractor
Winnemucca, Nevada 89445
 Nevada contractor's license number issued by the State Contractor's Board 015234
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1572 & 1713
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 3/5/01

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

OFFICE USE ONLY
 Log No. 83093
 Permit No. 13244
 Basin 1707

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Page 2

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3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. *Page 2* LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Note: drilled 26 inch bore to 372 ft.-NO WATER. We set 375 ft. 6 inch casing & drove into clay 3 ft. Customer decided to drill a test well. Came back @ later date drilled test hole from 370 to 660 ft.				
TEST HOLE				
grey/green clay		370	380	10
grey silty clay - NO WATER		380	660	280
Customer decided not to continue drilling. The idea was to pull the 6 inch casing, because the 6 inch casing was strickly to allow us to drill the lower portion and keep the upper portion stable.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 7/28/00, 19____
 Date completed 2/19/01, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Time (Hours)

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Humboldt Drilling & Pump Co., Inc. Contractor
 Address 4675 W. Winnemucca Blvd Contractor
Winnemucca, Nevada 89445

Nevada contractor's license number issued by the State Contractor's Board 015234

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1572 & 1713

Signed [Signature]
 By driller performing actual drilling on-site or contractor

Date 3/5/01

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6. Page 3 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Upon trying to pull the 6 inch casing, the ground around the 50 ft. conductor starting caving and the 50 ft. conductor was cemented in w/9 cy. of cement. The conductor started to slip & fall into hole. Rig was pulled off & a crane brought in to finish pulling the 6 inch casing. We had intentions of abandoning this well per the state rules & regs, but the customer stopped us and told us not to do procedure.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____
 Size perforation _____

From	feet to	feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 7/28/00, 19____
 Date completed 2/19/01, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Time (Hours)	G.P.M.	Time (Hours)

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 Date 3/5/01

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