

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



OFFICE USE ONLY
Log No. 103771
Permit No. _____
Basin 037
59181

PRINT OR TYPE 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.

1. OWNER Kim Davis ADDRESS AT WELL LOCATION 2241 Mule Shop Road Battle MTN 89820
MAILING ADDRESS P.O. Box 463 Battle MTN 89820 Subdivision Name: _____ County: Lander
2. LOCATION SE 1/4 NW 1/4 Sec 21 T 32 N R 45 E Latitude UTM E 507539 NAD 27
PERMIT/WAIVER No. 101-090-41 Longitude N 4498170 NAD 83/WGS 84
issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other
4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	5	5
SAND Gravel Clay		5	20	15
SANDY CLAY		20	40	20
SANDY Blue Clay		40	140	100
TAN SANDY CLAY		140	200	60

9. WELL CONSTRUCTION
Depth Drilled 200 Feet Depth Cased 200 Feet
HOLE DIAMETER (BIT SIZE)
Inches 10 5/8 From 0 Feet 200 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>1.188</u>	<u>71</u>	<u>200</u>

Perforations:
Type of perforation SAND
Size of perforation 7/16 x 3
From 160 feet to 200 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 5 to 60 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 150 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 150 Pumped Poured
Type: _____

7. Water Level
Static water level: 28 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>807</u>	<u>UNR</u>	<u>3 hrs</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name L.B.D. Drilling Co.
Address P.O. Box 902 Wmca NV 89446
Nevada contractor's license number 9605A
issued by the State Contractor's Board
Nevada driller's license number issued by the 1807
Division of Water Resources, the on-site driller
Signed [Signature]
Date 8-12-07
By driller performing actual drilling on site contractor