WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 105032
Permit No. 26365
Basin 117

1. OWNER Robert Miramontes
MAILING ADDRESS PO Box 47
Dyer, NV 89010

NOTICE OF INTENT NO. 32962
ADDRESS AT WELL LOCATION Fish Lake Valley
Mile Mark 9 Hwy 264
Nevada 89010

2. LOCATION SE ¼ SW ¼ Sec. 15 T. 3 N(S) R. 35 E. Esmeralda County
PERMIT NO. 26365 Issued by Water Resources
007-301-24 Parcel No.
Waiver # R-1402 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Filled w/ 3/8"		81	14	
Bentonite Chips				
Neat cement		14	0	

DCNR/DWR RECEIVED MAR 13 2008 LAS VEGAS OFFICE

2 to Abandon Well
as per Ryan Clark waiver

PLUGGING OF LOG # 123358

Date started 2-04, 2008
Date completed 2-04, 2008

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

HOLE DIAMETER (BIT SIZE)

	From	To
16" Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16"		.250 Nom		

Perforations:
Type perforation Air Perforator
Size perforation 1/4 x 1" 6 Rows
From 80 feet to 81 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal Not Known
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

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 Leach Drilling Inc. (Contractor)
Address P.O. Box 599 (Contractor)
Silver Springs, NV 89429
Nevada contractor's license number issued by the State Contractor's Board 31841
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2346
Signed ____ (By driller performing actual drilling on site or contractor)
Date 2-4-08

(Rev. 12-01)

USE ADDITIONAL SHEETS IF NECESSARY

(O)-627