

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

OFFICE USE ONLY **109810**

Log No.
 Permit No.
 Basin **122**

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **63701**

1. OWNER **Nye County - Town of Gabbs** ADDRESS AT WELL LOCATION **Gabbs Valley, (Airport)**
 MAILING ADDRESS **P.o. Box 1592** **Gabbs, NV**
Tonopah, NV 89049 *Subdivision Name:* *County: Nye*

2. LOCATION **SW¼NE¼ Sec8T12N/ R36E** Latitude **38.91958N** UTM E NAD 27
 PERMIT/WAIVER NO. **77606/W-632A** Longitude **-117.95339W** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED New Well Replace Recondition
 Deepen Other

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Rock Sand		0	43	43
Rock Sand & Gravel		43	128	85
Rock Gravel	X	128	340	212
Rock Sand	X	340	436	96
Rock Gravel	X	436	600	164

38.919655°N
 117.952439°W
 NAD 27 (A)

2009 JAN 14 AM 11:15
 STATE ENGINEER'S OFFICE

9. WELL CONSTRUCTION
 Depth Drilled **600** Feet Depth Cased **600** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12** Inches To **0** Feet **600** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	17	.250	0	20
6 SDR 17	4.95	.390	20	600

Perforations:
 Type of perforation **Certainteed Well Screen**
 Size of perforation **.032**
 From **160** feet to **320** feet
 From **340** feet to **380** feet
 From **420** feet to **580** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 50 to 140 Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: **3/8" 140-315/325-390/400-590'**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: **1/4" 315-325/390-400/590-600'**

Date started: **12-9, 20 08**
 Date completed: **12-24, 20 08**

7. Water Level
 Static water level: **135** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **90** °F
 Quality: **unknown**

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	100	1ft	72

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Parsons Drilling, Inc.**
 (CONTRACTOR)

Address **P.O. box 1265**
 (CONTRACTOR)
Fallon, NV 89407-1265
 Nevada contractor's license number issued by the State Contractor's Board **29064**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2307**

Signed _____
 By driller performing actual drilling on site or contractor
 Date **12/30/2008**