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State 1

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

OFFICE USE ONLY 110181
Log No. _____
Permit No. _____
Basin $\phi 70$
62010

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 DENNIS MARTIN
MAILING ADDRESS 4310 W COMMANDER
WYCA NV 89445

ADDRESS AT WELL LOCATION 4310 West Commander
Air Port Humboldt
Subdivision Name: _____ County: _____

2. LOCATION NW 1/4 NE 1/4 Sec 23 T 35 N R 37 E
PERMIT/WAIVER No. 014-022-04
Issued by Water Resources Parcel No. _____

Latitude 40.960343°N UTM E 434347 NAD 27
Longitude 117.749493°W N 4527775 NAD 83/WGS 84

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	Thick-ness
TOP SOIL		0	10	10
Rocky Clay		10	20	10
Brown Rocky Clay		20	40	40
Gravel with Rock		60	80	20
Brown Rocky Clay		80	100	20
SAND + GRAVEL		100	120	20
Brown Rocky Clay		120	140	20
SAND + GRAVEL		140	160	20
Brown Rocky Clay		160	180	20
SAND + GRAVEL		180	200	20

9. WELL CONSTRUCTION
Depth Drilled 200 Feet Depth Cased 200 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches 10 5/8 Feet 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>.138</u>	<u>71</u>	<u>200</u>

Perforations:
Type of perforation Torch cut
Size of perforation 3/8 x 3
From 140 feet to 200 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 6.5 Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 120 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No 65 to 120 Pumped Poured
Type: 3/8

Date started: 9-12 2008
Date completed: 9-21 2008

7. Water Level
Static water level: 89 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60.1 °F
Quality: _____

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>Rotary</u>	<u>60+</u>	<u>UMK</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 LBJ DRILLING & PUMP COMPANY, INC. Contractor
Address P.O. BOX 902 - Winnemucca, NV 89446 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada driller's license number issued by the Division of Water Resources 1807
Signed [Signature] By driller performing actual drilling on site or contractor Joe Boggio
Date _____