

1 Cust
1 State

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

OFFICE USE ONLY
Log No. 110182
Permit No. 059
Basin

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. 62015

1. OWNER Frontier Estates
MAILING ADDRESS P.O. Box 70
Montague CA 96064
2. LOCATION NE 1/4 SW 1/4 Sec 12 T 31 N R 46 E
PERMIT/WAIVER No. 011-456-18
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION 2835 Westman Rd
Battle Mtn NV 89820
Subdivision Name: Frontier Estates County: Lander
Latitude 40.572878°N UTM E 512172 NAD 27
Longitude 116.856192°W N 4491143 NAD 83/WGS 84
NAD 23 (70)

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	5	5
Gravel + Sand		5	40	35
tan clay		40	60	20
SOFT SANDY CLAY		60	80	20

9. WELL CONSTRUCTION

Depth Drilled	80	Feet	Depth Cased	80	Feet
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HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
10 5/8	0	80	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 7/8		1.188	71	80

Perforations:
Type of perforation S.A.W.O.D
Size of perforation 7/8 x 3
From 60 feet to 80 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 5 to 55 Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 55 to 80 Pumped Poured
Type: _____
Bentonite Chips: Yes No 50 to 55 Pumped Poured
Type: 3/8

Date started: 11-16 20 09
Date completed: 11-17 20 09

7. Water Level
Static water level: 20 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Rotary</u>	<u>30</u>	<u>UNK</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.
Address P.O. BOX 902 - Winnemucca, NV 89446
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, the on-site driller 1807
Signed Joe Boggio
Date _____
By driller performing actual drilling on site or contract