

REVISED - original log received 10/17/2008 date stamped 12:02pm

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

OFFICE USE ONLY
Log No. 110931
Permit No. _____
Basin Ø 71

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. 62500 (1)

1. OWNER Bill Avery ADDRESS AT WELL LOCATION 8285 Grass Valley Rd
MAILING ADDRESS 5330 Grass Valley Rd Winnemucca, Nv 89445
Winnemucca, Nv 89445 Subdivision Name: _____ County: Humboldt

2. LOCATION SE ¼ NW ¼ Sec 24 T 35N N/S R 37E E Latitude 40 53.807n UTM E NAD 27
PERMIT/WAIVER No. 0 Parcel No. 14-112-08 Longitude 117 46.114w N X

3. WORKED PERFORMED
New Well Replace Recondition Domestic Irrigation Test Cable Other RVC
Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand, med gravel & cobbles		128	155	27
Sand small gravel & clay stringers		155	180	25

9. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 180
HOLE DIAMETER (BIT SIZE)
75/8 7/8
Inches 128 Feet 180 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

Could not find existing well log on this well

CASING SCHEDULE

Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5 9/16	STEEL	.188	<u>128</u>	180

Deepening of Well Log 30432
NOT SOB3
(P.D.)

Perforations: 6" steel
Type of perforation vertical mill slot perf
Size of perforation 1/16
From 120 feet to 180 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: as existing
Neat Cement 0 to 50' Pumped Poured
Cement Grout _____ to _____ Pumped Poured
Concrete Grout _____ to _____ Pumped Poured
≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 9/29/2008
Date completed: 10/2/2008

7. Water Level
Static water level: 126 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)			
AIR	30	40	4			
AIR	35	30	4			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name High Desert Drilling LLC
Contractor
Address 4225 E Mary Way
Contractor
Winnemucca Nevada 89445
Nevada contractor's license number 62237
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2140
3-24-2010

DRILLER'S CERTIFICATION
I certify that this report was prepared under my supervision and the report is true to the best of my knowledge.
Name High Desert Drilling LLC from original log
Address 4225 E Mary Way (mmH)
Winnemucca Nevada 89445
Contractor's license number 62237
State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2140, 2335

Signed David Palmer
By driller performing actual drilling on site or contractor
Date 10-14-09

RECEIVED
210 MAR 29 AM 11:27
STATE ENGINEERS OFFICE # 2364

N 40.896880
W 117.767603
NAD 27 GPS

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