

Shafter 2
65115

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

OFFICE USE ONLY
Log No. 112620
Permit No. _____
Basin 187

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. 65115

1. OWNER Union Pacific Rail Road Co ADDRESS AT WELL LOCATION Shafter RR Crossing
MAILING ADDRESS 1400 DOUGLAS ST. STOP 0750 SHAFTER ELKO
OMAHA, NEBRASKA 68179-0750 Subdivision Name: _____ County: _____

2. LOCATION NW 1/4 NE 1/4 Sec 6 T 34 N R 67 E Latitude N 40.85609833 UTM E NAD 27
PERMIT/WAIVER No. _____ Longitude W 114.442375 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other Decommission
4. PROPOSED USE Domestic Irrigation Test Municipal/Industrial Monitor Stock
5. WELL TYPE Cable Rotary RVC Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ABANDON/Decommission well				
NEAT Cement		270'	256'	
Gravel From		256'	55'	
Bentonite chips		55'	50'	
Neat Cement		50'	SURFACE	

VARIANCE to Fill w/ gravel to 55' then 5' layer of chips then Neat Cement to surface

9. WELL CONSTRUCTION
Depth Drilled UNKNOWN Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
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)
16.5			256	SURFACE

Perforations:
Type of perforation N/A
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 50 to 0 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 230% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 256 to 55 Pumped Poured
Type: _____
Bentonite Chips: Yes No 55 to 50 Pumped Poured
Type: 3/8" chips

Date started: 8/21 20 10
Date completed: 10/29 20 10

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

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Boart Longyear Co Contractor
Address 1333 W. 9th St. Contractor
UPLAND, CALIF. 91786
Nevada contractor's license number 694686 21976
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2405-M
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 11/12/2010