

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

OFFICE USE ONLY
Log No. 112627
Permit No. 78752
Basin 07D

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

62969 (1)
NOTICE OF INTENT NO. _____

1. OWNER Echverria Pumping
MAILING ADDRESS P.O. Box 1525 Winnemucca NV 89446

ADDRESS AT WELL LOCATION 5 Miles Out Junco Rd Wmca NV
Subdivision Name: _____ County: Humboldt

2. LOCATION NW 1/4 SE 1/4 Sec 29 T36 N37 E
PERMIT/WAIVER No. 78752 010-015-03
Issued by Water Resources Parcel No. _____

Latitude UTM E 429557 NAD 27
Longitude N 4534981 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial/UM Monitor

5. WELL TYPE
 Rotary RVC
 Cable Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	5	5
Gravel Clay Sand		5	10	5
Small Sand + Gravel		10	80	70
Med Sand + Gravel		80	140	60
Small Sand + Gravel		140	200	60

40. 9648.53°N NAD 27
117.837123 -GPS-

9. WELL CONSTRUCTION
Depth Drilled 200 Feet Depth Cased 200 Feet
HOLE DIAMETER (BIT SIZE)
From 12 3/4 inches To 0 inches
From 0 feet To 200 feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>		<u>.139</u>	<u>71</u>	<u>200</u>

Perforations:
Type of perforation Torch Cut
Size of perforation 3/16
From 120 feet to 200 feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 80% Bentonite Grout 5 to 60 Pumped Poured
Gravel Pack: Yes No 100 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No 60 to 100 Pumped Poured
Type: 3/8

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Date started: 12-29 2010
Date completed: 12-31 2010

7. Water Level
Static water level: 110 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60.6 °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>100</u>	<u>UNK</u>	<u>2 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
By driller performing actual drilling on the contractor Joe Boggio
Date _____

USE ADDITIONAL SHEETS IF NECESSARY

MMH-18