

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

OFFICE USE ONLY
Log No. 112637
Permit No. _____
Basin 776

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

1. OWNER Barrix / Bland and Cole ADDRESS AT WELL LOCATION Barrix mnt NOTICE OF INTENT NO. 66412
MAILING ADDRESS PO Box 2706 ELKO, NV 89803 PO Box 2706 - Elko, NV 89803 White Pine
Subdivision Name: _____ County: _____

2. LOCATION NE 1/4 NW 1/4 Sec 21 T 24 N R 55 E Latitude 39.944863 N UTM E 538166 NAD 27
PERMIT/WAIVER No. MD-1651 P2-1037 Longitude 115.447295 W N 129135.7 NAD 83/WGS 84
Issued by Water Resources Parcel No. 240 27 (T)

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay silt		0	160'	160'
Gypsum + rock		160'	540'	380'
From Sand Clay		540'	600'	60'
Hard Rock				

9. WELL CONSTRUCTION

Depth Drilled 600' Feet Depth Cased 600' Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>12 3/4</u>	<u>6</u>	<u>50'</u>	Feet
<u>6 1/2</u>	<u>50'</u>	<u>600'</u>	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>		<u>Sec. 80 PVC</u>	<u>6</u>	<u>600'</u>

Perforations:

Type of perforation Mudline

Size of perforation 1020

From 500' feet to 600' feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 6 to 50' Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 600' to 499' Pumped Poured

Type: #65 sand 1/2" round 1"

Bentonite Chips: Yes No 499' to 6 Pumped Poured

Type: 3/8" Reducers

Date started: 10/12 20 10

Date completed: 10/14 20 10

7. Water Level

Static water level: 2 feet below land surface

Artesian Flow: NO G.P.M. _____ P.S.I. _____

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>2</u>		<u>2</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 Nevada Contractor

Address PO Box 2748 Contractor

Elko, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 0073086

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1395

Signed [Signature] By driller performing actual drilling on site or contractor

Date 10/14/10

USE ADDITIONAL SHEETS IF NECESSARY