

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

OFFICE USE ONLY
Log No. 113368
Permit No. _____
Basin 173B

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. 65700

1. OWNER James Drayton/Brenna Rogne ADDRESS AT WELL LOCATION Hwy 379 Mile marker 2 Current Creek, NV 89301
MAILING ADDRESS HC 34 Box 223 Subdivision Name: _____ County: Nye
SW Ely, NV 89301

2. LOCATION 1/4 SE 1/4 Sec 31 T 11N N/S R 58 E Latitude W115°29.353 UTM E NAD 27
PERMIT/WAIVER No. 013-791-05 Longitude N38°45.889 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
top soil		0	2	2
sand & gravel		2	5	3
brown clay		5	8	3
silt stone & small gravel		8	200	192
weathered granite	320	200	360	160
	340			

9. WELL CONSTRUCTION
Depth Drilled 360 Feet Depth Cased 360 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 360
12 1/4 Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>7 3/8</u>		<u>.250</u>	<u>+1</u>	<u>360</u>

Perforations:
Type of perforation mill slot
Size of perforation 3/16 x 3
From 320 feet to 360 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 5 to 15 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 360 Pumped Poured
Type: pea gravel
Bentonite Chips: Yes No 15 to 50 Pumped Poured
Type: 3/8 chips

Date started: 10-Feb, 20 11
Date completed: 12-Feb, 20 11

7. Water Level 272 feet below land surface
Static water level:
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>60</u>		<u>6</u>

STATE ENGINEERS OFFICE
2011 MAR - 7 AM 11:46
RECEIVED

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Alternative Drilling Contractor
Address P.O. Box 281166 Contractor
Lamoille, NV 89828
Nevada contractor's license number _____
issued by the State Contractor's Board 73955
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1689
Signed Dai M...
By driller performing actual drilling on site or contractor
Date 3-3-2011