

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

OFFICE USE ONLY
 Log No. 115908
 Permit No. _____
 Basin 071

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **68279** ✓

1. OWNER **John Hafen** ADDRESS AT WELL LOCATION **3645 Sego Road**
 MAILING ADDRESS **335 Lemaine Road Battle Mtn NV** **Winnemucca, NV**
 Subdivision Name: _____ County: **Humboldt**

2. LOCATION **NW¼SE¼ Sec13T35N/ R37E** Latitude **40°54.298** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **N/A** Parcel No. **013-581-25** Longitude **117°45.706** N _____ NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	3	3
Boulders		3	58	55
Cobles/gravel		58	145	87
solid rock		145	155	10
course gravel/sand	X	155	165	10
boulders		165	190	25
sand/gravel	X	190	210	20
boulders		210	232	22
sand/gravel	X	232	252	20
boulder		252	260	8
cobles/gravel	X	260	280	20

9. WELL CONSTRUCTION

Depth Drilled **280** Feet Depth Cased **280** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **280** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	10	.188	+1	280

Perforations:
 Type of perforation **Factory Cut**
 Size of perforation **3/32 x 4**

From **220** feet to **240** feet
 From **260** feet to **280** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No

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 50 to 280 Pumped Poured
 Type: **3/8"**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **November 5, 20 12**
 Date completed: **November 8, 20 12**

7. Water Level

148

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

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
20-25		10	
	40.905063°N	NAD27	
	117.760803°W		

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Fred Anderson Drilling, Inc.**
 (CONTRACTOR)
 Address **10760 S. Grass Valley Road**
 (CONTRACTOR)
Winnemucca, NV 89445
 Nevada contractor's license number issued by the State Contractor's Board **021467**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2083**

Signed 
 By driller performing actual drilling on site or contractor
 Date **December 14, 2012**

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 STATE ENGINEERS OFFICE