

Have to Sheila 10/29/12

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

OFFICE USE ONLY
Log No. 115993
Permit No. _____
Basin 070

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 Hipolito Collazo-Villagrana
Sheila Collazo
MAILING ADDRESS 4200 MASON RD #17
Wmca NV 89445

ADDRESS AT WELL LOCATION 9035 MOOSE DRIVE
Wmca NV 89445
Subdivision Name: _____ County: Humboldt

NOTICE OF INTENT NO. 69419

2. LOCATION NE 1/4 Sec 30 T 35 N R 37 E
PERMIT/WAIVER No. 1014-263-06
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 428248 NAD 27
Longitude _____ N 4525231 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Top Soil</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>Rocky Clay</u>		<u>10</u>	<u>20</u>	<u>10</u>
<u>Hard Rocky Clay</u>		<u>20</u>	<u>60</u>	<u>40</u>
<u>Tan Rocky Clay</u>		<u>60</u>	<u>90</u>	<u>30</u>
<u>Sand + Gravel with Tan Clay</u>		<u>90</u>	<u>132</u>	<u>42</u>

9. WELL CONSTRUCTION

Depth Drilled	<u>132</u>	Feet	Depth Cased	<u>132</u>	Feet
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HOLE DIAMETER (BIT SIZE)

	From	To
<u>10 5/8</u>	<u>0</u>	<u>132</u>
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>0.138</u>	<u>71</u>	<u>132</u>

Perforations:

Type of perforation Torch Cut
Size of perforation 3/16" x 5"

From	<u>100</u>	feet to	<u>132</u>	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>5</u> to <u>60</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Gravel Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 90 to 132 Pumped Poured

Type: 1/4"

Bentonite Chips: Yes No 60 to 90 Pumped Poured

Type: 3/8"

7. Water Level
Static water level: 51 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Good

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>Rotary</u>	<u>75+</u>	<u>UNK</u>	<u>3 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.
Contractor

Address P.O. BOX 902 - Winnemucca, NV 89446
Contractor

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-the driller 1807

Signed Joe Boggio
By driller performing actual drilling on site or contractor Joe Boggio

Date _____

40.876916°N
117.851550°W
NAO 27

USE ADDITIONAL SHEETS IF NECESSARY