

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

OFFICE USE ONLY
Log No. 116934
Permit No. _____
Basin 072

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. 68499

1. OWNER Tony Marble ADDRESS AT WELL LOCATION Kingsview Rd.
MAILING ADDRESS 25 Nicole Ct. Imlay NV.
Reno NV 89436 Subdivision Name: _____ County: Pershing

2. LOCATION sw 1/4 sw 1/4 Sec 15 T 320/S R 34 E Latitude N 40° 37.927 UTM E NAD 27
PERMIT/WAIVER No. 008-360-23 Longitude W 118° 08.447 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	Thickness
<u>Sand</u>	<u>NO</u>	<u>0</u>	<u>2</u>	<u>2</u>
<u>Coarse Gravel Sand</u>	<u>NO</u>	<u>2</u>	<u>160</u>	<u>158</u>
<u>Coarsened Gravel Cobbles</u>	<u>NO</u>	<u>160</u>	<u>350</u>	<u>90</u>
<u>Coarsened Gravel Cobbles</u>	<u>Yes</u>	<u>250</u>	<u>350</u>	<u>100</u>

9. WELL CONSTRUCTION

Depth Drilled 350 Feet Depth Cased 320 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	Feet
<u>10 3/8</u> Inches	<u>0</u>	<u>350</u>	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>Steel</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6 3/8</u>	<u>PVC</u>	<u>Sched 40</u>	<u>20</u>	<u>320</u>

Perforations:

Type of perforation 5/16
Size of perforation .20

From	feet to	feet
<u>260</u>	<u>320</u>	feet

Annular Seal: Yes No

	to			
<input checked="" type="checkbox"/> Neat Cement	<u>0</u>	<u>50</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 50 to 350 Pumped Poured

Bentonite Chips: Yes No Pumped Poured

Date started: 5-14, 20 13
Date completed: 5-17, 20 13

7. Water Level

Static water level: 234 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: Clear

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>40</u>	<u>NA</u>	<u>4</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name: Allied Drilling Inc. Contractor
Address: 5140 Jungo Rd. Contractor
Winnemucca NV 89445
Nevada contractor's license number 76798 issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1563

Signed: Bo E. [Signature]
By driller performing actual drilling on-site or contractor
Date: 6-10-13