

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

OFFICE USE ONLY
 Log No. 117764
 Permit No. _____
 Basin 105

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. **70591**

1. OWNER **NRES NV1 LLC** ADDRESS AT WELL LOCATION **1969 Arabian Ln**
 MAILING ADDRESS **503 N Nevada St** **Gardnerville NV 89410**
Carson City NV 89703 *Subdivision Name:* _____ *County:* **Douglas**

2. LOCATION **NE 1/4 SE 1/4 Sec 24 T 12 / R 20 E** Latitude **38.888549** UTM E _____ NAD 27
 PERMIT/WAIVER NO. DOMB-58 **1220-24-701-058** Longitude **-119.679078** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Rusty Casing & Sand		178	180	2
Boulders & Gravels with Clay Streaks		180	268	88
Soft Zone	x	268	273	5
Boulders, Gravels & Sands with Clay Streaks		273	281	8
Soft Zone	x	281	284	3
Boulders, Gravels & Sands with Clay Streaks		284	300	16

deepens unknown well log
Mad 25
38.488645 N
119.678071 W

9. WELL CONSTRUCTION

Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)

From **7 7/8** Inches To **178** Feet **300** 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	12.92	.188	160	300

Perforations:

Type of perforation **Factory Cut**
 Size of perforation **3 x 3/32**

From **300** feet to **260** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level

Static water level: **169** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Not Tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
17 - 20			4

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Bruce MacKay Pump & Well Service** (CONTRACTOR)
 Address **1600 Mt. Rose Hwy** (CONTRACTOR)
Reno, NV 89511
 Nevada contractor's license number issued by the State Contractor's Board **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **923**

Signed *Bruce MacKay*
 By driller performing actual drilling on site or contractor
 Date **8/15/13**