

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

OFFICE USE ONLY
Log No. 119609
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

1. OWNER Dave Weaver ADDRESS AT WELL LOCATION Angkwan Ranch Rd
MAILING ADDRESS 1405 Mill Street RD Corraut NU
ELY NU 89301 Subdivision Name: 6 County: NYE

2. LOCATION NE 1/4 SE 1/4 Sec 31 T 11 N R 58 E Latitude N38 46.054 UTM E NAD 27
PERMIT/WAIVER No. 98 13-29-10 Longitude W115 29.02 N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

NOTICE OF INTENT NO. 70912

3. WORKED 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
<u>3900- Gravel</u>		<u>0</u>	<u>40</u>	<u>40</u>
<u>Hard Rock</u>		<u>40</u>	<u>115</u>	<u>75</u>
<u>Fractured Rock</u>		<u>115</u>	<u>305</u>	<u>190</u>
<u>Dry Hole back filled with clean</u>				
<u>Fill Dirt from 305' to 20' below</u>				
<u>surface then 20' of concrete grout</u>				
<u>to surface</u>				

9. WELL CONSTRUCTION

Depth Drilled 305 Feet Depth Cased 0 Feet

HOLE DIAMETER (BIT SIZE)

13" From 0 To 140
Inches Feet Feet Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

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

Perforations:

Type of perforation 6

Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 20 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 6 to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 8-29-2013, 20
Date completed: 11-27-2013, 20

7. Water Level

Static water level: 0 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>NAD 27</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>38.76</u>	<u>16.30</u>	<u>N</u>
<u>115.492</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8.50</u>	<u>W</u>	

10. DRILLER'S CERTIFICATION

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

Name Davis Drilling and Pumps Contractor
Address HC 61 Box 54 Hiko NU 89017 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0028966
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191

Signed Mike Davis
By driller performing actual drilling on-site or contractor
Date 12-1-2013