

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

OFFICE USE ONLY
Log No. 119755
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 LOUIS Morfin
MAILING ADDRESS 5240 Old Sunbird Rd Wmca NV 89445

NOTICE OF INTENT NO. 67955
ADDRESS AT WELL LOCATION 5240 Old Sunbird Wmca NV 89445
Subdivision Name: _____ County: Humboldt

2. LOCATION N 26 1/4 Sec 26 T 36 N R 37 E
PERMIT/WAIVER No. 10-061-76
Issued by Water Resources Parcel No. _____

Latitude UTM E 434674 NAD 27
Longitude N4535005 NAD 83/WGS 84

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	Thickness
Top Soil		0	6	6
SANDY CLAY		6	60	54
SAND GRAVEL & CLAY		60	80	20
ROCKY CLAY		80	100	20
ROCKY CLAY & BIG ROCKS		100	140	40
SOFT ROCKY CLAY		140	160	20
SAND & GRAVEL		160	180	20

9. WELL CONSTRUCTION
Depth Drilled 180 Feet Depth Cased 180 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 inches From 0 Feet To 180 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>0.188</u>	<u>71</u>	<u>180</u>

Perforations:
Type of perforation Torch Cut
Size of perforation 3/16 x 5
From 140 feet to 180 feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 6 to 30 Pumped Poured
 80% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 120 to 180 Pumped Poured
Type: 3/8
Bentonite Chips: Yes No 30 to 120 Pumped Poured
Type: 3/8

Date started: 3-20 2012
Date completed: 3-26 2012

7. Water Level
Static water level: 85 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"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Rotary</u>	<u>60+</u>	<u>Units</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.
Address P.O. BOX 902 - Winnemucca, NV 89446
Nevada contractor's license number issued by the State Contractor's Board 0009605A
Nevada City License number issued by the Division of Water Resources, the on-site driller 1807
Signed Joe Boggio
By driller performing actual drilling
Date _____

RECEIVED
2013 DEC 19 AM 11:15
STATE ENGINEERS OFFICE

NAD 27
40.915495 N
117.776323 W