

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

OFFICE USE ONLY  
Log No. 119231  
Permit No. \_\_\_\_\_  
Basin 064

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. 70611

1. OWNER JUAN MARTINEZ  
MAILING ADDRESS UNK.

ADDRESS AT WELL LOCATION 560 Allen Rd  
BATHO MTN NV 89820  
Subdivision Name: \_\_\_\_\_ County: LANDON

2. LOCATION NE 1/4 NE 1/4 Sec 14 T32 N/S R44 E  
PERMIT/WAIVER No. 10-280-05  
Parcel No. \_\_\_\_\_

Latitude UTM E501938  NAD 27  
Longitude N4500120  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	Thick-ness
<u>TOP SOIL</u>		<u>0</u>	<u>5</u>	
<u>SAND &amp; GRAVEL</u>		<u>5</u>	<u>20</u>	
<u>TAN CLAY</u>		<u>20</u>	<u>50</u>	
<u>Blk CLAY</u>		<u>50</u>	<u>140</u>	
<u>TAN CLAY</u>		<u>140</u>	<u>145</u>	
<u>SOFT SANDY CLAY</u>		<u>145</u>	<u>200</u>	

9. WELL CONSTRUCTION

Depth Drilled	<u>200</u>	Feet	Depth Cased	<u>200</u>	Feet
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HOLE DIAMETER (BIT SIZE)

	From	To	
<u>10 5/8</u>	<u>0</u>	<u>200</u>	Feet
			Feet
			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.139</u>	<u>0</u>	<u>200</u>

Perforations:  
Type of perforation SAWD  
Size of perforation 3/8 x 4

From <u>160</u>	feet to <u>200</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 type="checkbox"/> Concrete Grout	<u>5</u> to <u>40</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> 80% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No 160 to 200  Pumped  Poured  
Type: 3/8

Bentonite Chips:  Yes  No 40 to 160  Pumped  Poured  
Type: 3/8

Date started: 12-9, 20 13  
Date completed: 12-12, 20 13

7. Water Level  
Static water level: 25 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>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-site driller 1807  
Signed Joe Boggio  
By driller performing actual drilling on site or contractor Joe Boggio  
Date \_\_\_\_\_