

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

OFFICE USE ONLY
Log No. 119543
Permit No. _____
Basin No. 103

**PRINT OR TYPE IN BLACK INK 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. 71415
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME BOB BACHLER
MAILING ADDRESS 25 DANAY CANYON RANCH RD
DAYTON, NV 89403

DETAILED ADDRESS AT WELL LOCATION 25 DANAY CANYON RANCH RD
DAYTON, NV 89403 *Part 1*
Subdivision Name: _____ County: Lyon

2. PLS LOCATION NE 1/4 NE 1/4 28 Sec 16 N/S 21 E
PERMIT/WAIVER NO. DOM14-05 16-151-59
Issued by Water Resources Current Parcel No.

Latitude 39.227751*N UTM E _____ NAD 27
Longitude 119.621608*W UTM N _____ NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig Wt# 74564
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
OLD WELL			0	175
COURSE DG SANDS			175	210
GREYISH BLACK OBSIDIAN		X	210	240
FRACTURED OBSIDIAN		XX	240	275
<i>2014 MAR - 6 AM 10:22 STATE ENGINEERS OFFICE</i>				
<i>Deepens well log 74564 Had 27 39.227751 N 119.621608 W</i>				

9. INSTRUCTION
Depth Drilled: 100 Feet Depth Cased: 100 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
	<u>6 1/8</u> Inches	<u>175</u> Feet	<u>275</u> Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>3.97</u>	<u>.216</u>	<u>155</u>	<u>275</u>
<u>SDR 21</u>				

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout N/A to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] N/A to _____ Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: FACTORY SAW CUT

Size of perforation: 0.032

From 235 Feet To 275 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

Date started: 24-Feb , 20 14
Date completed: 25-Feb , 20 14

7. WATER QUALITIES
Static water level: 25 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD ° Fahrenheit
Water Quality: GOOD

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.
Contractor
Address 20 KIT KAT DRIVE, CARSON CITY, NV 89706
Contractor

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>25+</u>	<u>70</u>	<u>3 HRS</u>

Nevada contractor's license number as issued by the State Contractor's Board: 0055548
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1905
Signed: *[Signature]*
By driller performing actual drilling on site or contractor
Date: 2/26/2014