

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

OFFICE USE ONLY  
Log No. 120914  
Permit No. 81780  
Basin No. 256

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. 72410  
WELL NAME (If applicable): E. Well 2

1. OWNER/CLIENT NAME BTAZ Nevada LLC  
MAILING ADDRESS 224 North Park Ave, Fremont, NE 6802

DETAILED ADDRESS AT WELL LOCATION Upper Reese River Valley, NV

2. PLS LOCATION NW ¼ NW ¼ 34 Sec 18 N/S 42 E  
PERMIT/WAIVER NO. 81780 006-080-02  
Issued by Water Resources Current Parcel No.

Subdivision Name: \_\_\_\_\_ County: Lander  
Latitude 39.3566 UTM E  NAD 27  
Longitude -117.2567 2500 UTM N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Deepen: Orig WL# \_\_\_\_\_  
 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
Top Soil			0	6
Sand/Gravel			6	18
Small Gravel			18	69
Coarse Sand			69	93
Gravel Sand			93	115
Clay Gravel			115	121
Course Sand		X	121	165
Sand/Gravel/Clay		X	165	172
Sand Gravel		X	172	207
Gravel Clay			207	218
Sand Gravel		X	218	225
Clay Gravel			225	278
Gravel Sand		X	278	300

9. INSTRUCTION  
Depth Drilled: \_\_\_\_\_ Feet 300 Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42.2	.250	+2	300

ANNULAR MATERIALS

Sanitary Seal x  Yes  No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	0 to 100	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [ > 0.2 in. ]	100 to 300	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [ < 0.2 in. ]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:

Type of perforation: Rosco Moss

Size of perforation: Louvered

From <u>120</u>	Feet	To <u>240</u>	Feet
From <u>260</u>	Feet	To <u>300</u>	Feet

Date started: 28-Aug 20 14  
Date completed: 8-Sep 20 14

7. WATER QUALITIES  
Static water level: 17 Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ ° Fahrenheit  
Water Quality: \_\_\_\_\_

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision. This report is true to the best of my knowledge.  
Name Parsons Drilling, Inc.  
Address P.O. Box 1265 Fallon, NV 89406  
Nevada contractor's license number as issued by the State Contractor's Board: 29064  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2506  
Signed: [Signature]  
Date: 9/22/14

8. WELL TEST DATA

Test Method:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	_____	_____	_____
Draw Down (Feet Below Static)	_____	_____	_____
Recorded Time (Hours)	_____	_____	_____

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 STATE ENGINEERS OFFICE