

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

OFFICE USE ONLY
Log No. 121530
Permit No. _____
Basin No. 101

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. 72439
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Northcutt, Norma
MAILING ADDRESS P.O. Box 479
Malin, OR 97632-0479

DETAILED ADDRESS AT WELL LOCATION 2475 Cushman Rd
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SE 1/4 NW 1/4 28 Sec 18 N1S 29 E
PERMIT/WAIVER NO. 006-851-65
Issued by Water Resources Current Parcel No.

Latitude 39.39588 UTM E NAD 27
Longitude -118.73907 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 50195
 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	4
Brown Clay			4	57
Black Clay			57	104
Gray Clay			104	137
Clay/Sand			137	142
Gray sand/ Gravel		X	142	150
<u>NAD 27</u>				
<u>39.395961°N</u>				
<u>118.738087°W</u>				

9. INSTRUCTION

Depth Drilled: 150 Feet Depth Cased: 150 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<u>12 3/4</u> Inches	<u>0</u> Feet	<u>150</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>15</u>
<u>6</u>	<u>4.1</u>	<u>.316</u>	<u>15</u>	<u>150</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 100 to 150 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: Saw Cut
Size of perforation: 1/8
From 145 Feet To 150 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 21-Nov 2014
Date completed: 22-Nov 2014

7. WATER QUALITIES
Static water level: 1 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool ° 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.
Contractor
Address P.O. Box 1265 Fallon, NV 89406
Contractor
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): 2509
Signed: [Signature]
Date: 11/26/2014

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>15</u>		<u>1</u>

Replaces Well log 50195