

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

OFFICE USE ONLY
Log No. 122045
Permit No. _____
Bash No. 076

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. 72983

WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME RAY LOWERY
MAILING ADDRESS 925 MARGRET WAY
FERNLEY, NV

DETAILED ADDRESS AT WELL LOCATION 975 MARGRET WAY
FERNLEY, NV

Subdivision Name: _____ County: Lyon

2. PLS LOCATION NE 1/4 NE 1/4 16 Sec 20 N/S 24 E
PERMIT/WAIVER NO. Dom 15-13 20-262-09
Issued by Water Resources Current Parcel No.

Latitude 39.605734°N UTM E NAD 27
Longitude 119.268996°W UTM N NAD 83/WGS 84
268950

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # N/A
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Monitor
 Mining / Dewater Stock
 Test / Other Mun / QM

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
OVER BURDEN			0	3
BROWN CLAY AND GRAVELS			3	45
BROWN CLAY			45	83
GRAY CLAY			83	96
BLACK SLATE WITH CLAY			96	145
FRACTURED SOFT ZONE		X	145	220
BLACK SLATE		X	220	320
GRAY STRATAS				
<i>Replaces well log with NAD 27 39.605734°N 119.268996°W</i>				

9. INSTRUCTION
Depth Drilled: 320 Feet Depth Cased: 320 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	220
6 Inches	220	320

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	2	20
6 5/8 SDR	4.26	.216	20	220
4.5	3.78	.216	200	320

ANNULAR MATERIALS
Sanitary Seal 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 checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	100 to 220	<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: FACTORY MILL SLOT
Size of perforation: 0.032
From 180 Feet To 220 Feet
From 300 Feet To 320 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 12-Mar , 20 15
Date completed: 23-Mar , 20 15

7. WATER QUALITIES
Static water level: 45' Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 56 ° 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:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>10</u>	<u>100</u>	<u>3 HRS</u>

Nevada contractor's license number as issued by the State Contractor's Board: 005548
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1905
Signed: [Signature]
Date: 3/25/2015