

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

OFFICE USE ONLY
Log No. 122146
Permit No. 82936
Basin No. 188

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. 72628
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Jim Boyer
MAILING ADDRESS P.O. Box 2683
Elko, NV 89803

DETAILED ADDRESS AT WELL LOCATION Independence Valley
Subdivision Name: _____ County: Elko

2. PLS LOCATION SE 1/4 SE 1/4 17 Sec 37 N/S 64 E
PERMIT/WAIVER NO. 82936
Issued by Water Resources Current Parcel No. _____

Latitude 41°04.57 UTM E NAD 27
Longitude 114°45.28.7 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 |
| Loam | | | 0 | 14 |
| Calachi Clay | | | 14 | 21 |
| Valley Fill | | | 21 | 50 |
| Clay/gravel | | | 50 | 54 |
| Cemented Gravel | | | 54 | 95 |
| Clay | | | 95 | 105 |
| Cemented Gravel | | | 105 | 132 |
| Clay | | | 132 | 144 |
| Cemented Gravel | | | 144 | 146 |
| Clay | | | 146 | 156 |
| Cemented Gravel | | | 156 | 162 |
| Clay | | | 162 | 176 |
| Cemented Gravel | | | 176 | 195 |
| Clay | | | 195 | 197 |
| Cemented Gravel | | | 197 | 199 |
| Clay | | | 199 | 211 |
| Cemented Gravel | | | 211 | 240 |
| Clay | | | 240 | 257 |
| Cemented Gravel | | | 257 | 281 |
| Clay | | | 281 | 284 |
| Cemented Gravel | | | 284 | 287 |
| Clay | | | 287 | 297 |
| Gravel | | x | 297 | 304 |
| Clay | | | 304 | 315 |
| Gravel | | | 315 | 325 |
| Clay | | | 325 | 330 |

Date started: April 3, 20 15
Date completed: April 7, 20 15

9. INSTRUCTION
Depth Drilled: 386 Feet Depth Cased: 386 Feet

| HOLE DIAMETER (BIT SIZE) | | | |
|--------------------------|------------------|---------------|-----------------|
| | From | To | |
| | <u>10</u> Inches | <u>0</u> Feet | <u>386</u> Feet |
| | | | |
| | | | |

| CASING SCHEDULE | | | | |
|--------------------|---------------------|-------------------------|-------------|-------------|
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
| <u>6</u> | | <u>188</u> | <u>+18</u> | <u>16.5</u> |
| <u>6</u> | | <u>sdr17</u> | <u>16.5</u> | <u>386</u> |

ANNULAR MATERIALS

Sanitary 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>0</u> to <u>16</u> | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Bentonite Chips | <u>16</u> to <u>50</u> | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Gravel Pack [> 0.2 in.] | <u>50</u> to <u>386</u> | <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: mill slotted
Size of perforation: 100 slot

| | | | |
|-----------------|------|---------------|------|
| From <u>357</u> | Feet | To <u>377</u> | Feet |
| From _____ | Feet | To _____ | Feet |
| From _____ | Feet | To _____ | Feet |
| From _____ | Feet | To _____ | Feet |

7. WATER QUALITIES
Static water level: 217 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold ° 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 Fertig Drilling Co Contractor
Address P.O. Box 525 Elko, NV Contractor
Nevada contractor's license number as issued by the State Contractor's Board: _____
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____
Signed: Shane Lutz
Date: 4/26-15
By driller performing actual drilling on site of contractor.

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

| | G.P.M. | Draw Down (Feet Below Static) | Recorded Time (Hours) |
|-----------------|--------------|-------------------------------|-----------------------|
| <u>air lift</u> | <u>100 k</u> | | |
| | | | |
| | | | |

NAD 27
41.082576°N
114.757101°W

STATE ENGINEERS OFFICE
2015 APR 29 11:40 AM
RECEIVED

