

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

OFFICE USE ONLY
Log No. 122640
Permit No. _____
Basin No. 049

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. 73150
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME BRAEMAR CONSTRUCTION LLC
MAILING ADDRESS 393 12TH ST
ELKO, NV 89801

DETAILED ADDRESS AT WELL LOCATION 331 CHESTER WAY
LOT 11
Subdivision Name: CRESTVIEW County: ELKO

2. PLS LOCATION NE ¼ SW ¼ 7 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 083-002-026
Issued by Water Resources Current Parcel No.

Latitude 599004 UTM E NAD 27
Longitude 4522187 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 Corn / 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
ALLUVIUM			0	30
GRAVELS & RED CLAYS			30	140
SANDSTONE w/ GRAVELS			140	250
GRAVELS w/ CHALK			250	340
GRAVELS w/ RED ROCK		XXX	340	400
1ST WATER		360		
GOOD WATER		370		

9. INSTRUCTION
Depth Drilled: 400 Feet Depth Cased: 400 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>400</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>13</u>	<u>.188</u>	<u>+1.5</u>	<u>400</u>

ANNULAR MATERIALS
Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>4</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips	<u>25</u> to <u>105</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105</u> to <u>400</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

Date started: 8-Jun, 20 15
Date completed: 10-Jun, 20 15

7. WATER QUALITIES
Static water level: 301 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 68 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
AT 400'	<u>42</u>		<u>2 HOURS</u>
AT 380'	<u>30</u>		<u>2 HOURS</u>
AT 360'	<u>15</u>		<u>1 HOUR</u>
AT 340'	<u>7.5</u>		<u>1/2 HOUR</u>

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16" X 4" 7 ROWS

From <u>380</u> Feet	To <u>400</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC. Contractor
Address P.O. BOX 850, ELKO, NV 89803 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2329
Signed: [Signature]
Date: 6/12/2015