

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

OFFICE USE ONLY
Log No. 123731
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. 73777
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Jeremiah McShane
MAILING ADDRESS 452 Westby Dr
Spring Creek NV 89815

DETAILED ADDRESS AT WELL LOCATION Corner of Osage and Hapi St (Lot 28)
Subdivision Name: Meadow Valley Ranch County: EIKO

2. PLS LOCATION NE 1/4 NW 1/4 19 Sec 35D S 56 E
PERMIT/WAIVER NO. 236-006-001
Issued by Water Resources Current Parcel No.

Latitude 40.91132 UTM E NAD 27
Longitude 115.70926 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
 RVC Auger Rotary
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Top Soil Alluvium		no	0	20	20
Sand Gravel		no	20	100	80
med coarse sand / sand clay		yes	100	140	40
Coarse clay sand		no	140	200	60
large coarse fract		yes	200	240	40

9. WELL CONSTRUCTION
Depth Drilled: 240 Feet
Depth Cased: +2 Feet
HOLE DIAMETER (BIT SIZE)
From 10 3/4 Inches To 0 Feet
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 9/8</u>		<u>1 8/8 wall</u>	<u>200</u>	<u>+2</u>
			<u>240</u>	

PERFORATIONS:
Type of perforation: mill slot
Size of perforation: 1/8"
From 240 Feet To 200 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal 51 to 0
 Neat Cement 51 to 0 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 53 to 51 Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] 240 to 53 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 10/1 , 20 15
Date completed: 10/6 , 20 15

7. WATER QUALITIES
Static water level: 152.6 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 58.4 ° Fahrenheit
Water Quality: Clear cold

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>220'</u>	<u>25</u>	<u>2.5</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Haid Rock Exploration Contractor
Address Po Box 1990 EIKO NV 89801 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 0048915
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1819
Signed: Gary Secrest
By driller performing actual drilling on site or contractor
Date: 10/6/2015