

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

OFFICE USE ONLY  
Log No. 124435  
Permit No. \_\_\_\_\_  
Basin No. 058

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. 73538  
WELL NAME (if applicable): \_\_\_\_\_

1. OWNER/CLIENT NAME Garret Bakker  
MAILING ADDRESS HC 61 Box 195  
Battle Mountain, NV 89820

DETAILED ADDRESS AT WELL LOCATION Antelope Valley  
Subdivision Name: \_\_\_\_\_ County: Lander

2. PLS LOCATION NW ¼ SE ¼ 10 Sec 25 N/S 42 E  
PERMIT/WAIVER NO. \_\_\_\_\_  
Issued by Water Resources Current Parcel No.

Latitude 40.05428 UTM E  NAD 27  
Longitude -117.23374 UTM N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Deepen: Orig WL# \_\_\_\_\_  
 Replacement: Original well log # unknown  
 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	5
Gravel			5	29
Clay			29	31
Gravel			31	97
Clay			97	98
Gravel			98	114
Clay			114	120
Gravel			120	137
Clay			137	141
Gravel			141	193
Clay			193	198
Boulders			198	237
Gravel			237	270
Clay/Gravel			270	300
Gravel/Clay			300	370
Clay			370	376
Clay/Gravel			376	390
Gravel/Clay		X	390	500

9. INSTRUCTION  
Depth Drilled: 500 Feet Depth Cased: 500 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12</u> Inches	<u>0</u> Feet <u>500</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 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>500</u>
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal  Yes  No

Material	Quantity	From	To	Notes
<input type="checkbox"/> Neat Cement	_____	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u>	_____	<u>50</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	_____	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack   > 0.2 in.	<u>50</u>	_____	<u>500</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack   < 0.2 in.	_____	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Date started: 11-Sep 20 15  
Date completed: 15-Sep 20 15

7. WATER QUALITIES  
Static water level: 248 Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ ° Fahrenheit  
Water Quality: \_\_\_\_\_

PERFORATIONS:

Type of perforation: Mill Cut  
Size of perforation: 3/16  
From 390 Feet To 500 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 Parsons Drilling, Inc.  
Address P.O. Box 1265 Fallon, NV 89406  
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: 9/18/2015

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)		<u>NAD 27</u>	
Recorded Time (Hours)		<u>40.054362</u>	
		<u>117.232805</u>	

(Rev 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

*Replacing unknown well log*

RECEIVED  
 FEB 11 AM 11:08  
 STATE ENGINEERS OFFICE