

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

OFFICE USE ONLY
Log No. 124747
Permit No. _____
Basin No. 101

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. 74609
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Chet Knittle
MAILING ADDRESS 3265 Schindler Rd.
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 3255 Schindler Rd.
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW ¼ NE ¼ 15 Sec 18 N/S 28 E
PERMIT/WAIVER NO. _____
006-451-04
Issued by Water Resources Current Parcel No.

Latitude 39.42955 UTM E NAD 27
Longitude 118.82465 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
 Mining / Dewater
 Test / Other
 Irrigation
 Com / Ind
 Mun / QM
 Monitor
 Stock
 Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ	Water Strata	From	To
Brown Sand			0	12
Brown Clay			12	20
Brown Sand			20	38
Fine Sand/Clay			38	50
Green Sand			50	55
Black Silt			55	62
Gray Sand			62	87
Black Silt			87	93
Green Clay			93	98
Green Gravel			98	113
Green Clay			113	147
Gray Clay			147	153
Gray Sand			153	159
Gray Clay			159	170
Gray Sand			170	187
Gray Silt			187	199
Brown Clay			199	202
Gray Sand		X	202	220

9. INSTRUCTION

Depth Drilled: 220 Feet Depth Cased: 220 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12</u> Inches	<u>0</u> Feet <u>220</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>18</u>
<u>6</u>	<u>4.1</u>	<u>SDR21</u>	<u>18</u>	<u>220</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement 5 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 105 to 220 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: Saw Cut
 Size of perforation: 1/8
 From 217 Feet To 220 Feet
 From _____ Feet To _____ Feet

Date started: 22-Feb _____, 20 16
 Date completed: 23-Feb _____, 20 16

7. WATER QUALITIES
 Static water level: _____ 31 Feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ ° 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 Parsons Drilling, Inc.
 Address P.O. Box 1265 Fallon, NV 89407
 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: 2/29/2016

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 type="checkbox"/> Air Lift			
		<u>NAD 27</u>	
		<u>39.429632</u>	
		<u>118.823664</u>	

Replacing unknown well log