

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

OFFICE USE ONLY
Log No. 124848
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. 214526
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Koree Johnson
MAILING ADDRESS 4445 Casey Rd
Fallon NV 89406

DETAILED ADDRESS AT WELL LOCATION 4445 Casey Rd
Fallon NV 89406
Subdivision Name: _____ County Churchill

2. PLS LOCATION NE 1/4 33 Sec 19 N/S 23 E
PERMIT/WAIVER NO. NE SW 1008-711-22
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 031081 NAD 27
Longitude _____ UTM N 4370007 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # not listed
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec Other

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
<u>Brown Sand Clay</u>			<u>0</u>	<u>30</u>	<u>30</u>
<u>Black Sand Clay</u>			<u>30</u>	<u>50</u>	<u>20</u>
<u>Grey Clay</u>			<u>50</u>	<u>75</u>	<u>25</u>
<u>Brown Clay</u>			<u>75</u>	<u>100</u>	<u>25</u>
<u>Black Clay</u>			<u>100</u>	<u>125</u>	<u>25</u>
<u>Grey Sand & Clay</u>	<u>K</u>		<u>125</u>	<u>155</u>	<u>30</u>
<u>Brown Sand & Gravel</u>	<u>K</u>		<u>155</u>	<u>178</u>	<u>23</u>

9. WELL CONSTRUCTION

Depth Drilled: 178 Feet Depth Cased: 178 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>10 3/4</u>	<u>0</u>	<u>103</u>
<u>6 3/8</u>	<u>103</u>	<u>178</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>12.9</u>	<u>.188</u>	<u>0</u>	<u>178</u>

PERFORATIONS:

Type of perforation: Factory Cut
Size of perforation: 60 Holes 2" cut
From 156 Feet To 176 Feet

ANNULAR MATERIALS

Sanitary Seal _____ to _____

Neat Cement 0 to 103 Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Bentonite Grout _____ to _____ Pumped Poured

15 % 20 % Other, explain: _____

Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

Date started: 3-7-16, 20
Date completed: 3-15-16, 20

7. WATER QUALITIES
Static water level: 26 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool ° Fahrenheit
Water Quality: not tested

8. WELL TEST DATA

Test Method: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>60</u>		<u>1</u>

NAD 27
39.466892
118.847360

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Welsco Corp Contractor
Address P.O. Box 888 Fallon NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 0011752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2539

Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 3-15-16