

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

OFFICE USE ONLY
Log No. 124985
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. 74470
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Michael Lowellen
MAILING ADDRESS 10910 Dean Ln
Fallon, ND 589406

DETAILED ADDRESS AT WELL LOCATION 10910 Dean Ln
Fallon, ND 589406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION S 2 1/2 50 1/4 20 Sec 14 N/S 28 E
PERMIT/WAIVER NO. 108-532-33
Issued by Water Resources Current Parcel No

Latitude _____ UTM E 037297 NAD 27
Longitude _____ UTM N 4372701 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # None
 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	Thickness
<u>Brown Sands</u>		<u>K</u>	<u>0</u>	<u>50</u>	<u>50</u>
<u>Black sand clay</u>		<u>A</u>	<u>50</u>	<u>90</u>	<u>40</u>
<u>Brown Gravels</u>		<u>A</u>	<u>90</u>	<u>105</u>	<u>15</u>
<u>Black Clay & Sands</u>		<u>K</u>	<u>105</u>	<u>135</u>	<u>30</u>
<u>Gravel sands</u>		<u>K</u>	<u>135</u>	<u>145</u>	<u>10</u>
<u>Brown Sands & Clay</u>		<u>A</u>	<u>145</u>	<u>154</u>	<u>9</u>

9. WELL CONSTRUCTION

Depth Drilled: 154 Feet Depth Cased: 154 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Inches	Feet
<u>0</u>	<u>103</u>	<u>10 3/4</u>	<u>103</u>
<u>103</u>	<u>154</u>	<u>6 1/2</u>	<u>154</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 1/2</u>	<u>12.9</u>	<u>.188</u>	<u>0</u>	<u>154</u>

PERFORMANCES:

Type of perforation: Taper Cut
Size of perforation: 600 thousand x 2' cut
From 147 Feet To 152 Feet

ANNULAR MATERIALS

Sanitary Seal 0 to 103
 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: _____

Date started 4-22-16 _____, 20
Date completed: 4-22-16 _____, 20

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

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 Po Box 888 Fallon, ND 589406 Contractor

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>30</u>		<u>1</u>
	<u>NAD 27</u>	
	<u>39.490795</u>	
	<u>118.868771</u>	

Nevada contractor's license number as issued by the State Contractor's Board: 11752
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2539
Signed: _____
By driller performing actual drilling on site or contractor
Date: 4-25-16

(Rev. 08-12)
(NSPO Rev 11-12)

USE ADDITIONAL SHEETS IF NECESSARY

Replacing unknown well log