

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

OFFICE USE ONLY
Log No. 124987
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. 75031
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Manuela Lucero
MAILING ADDRESS 4910 Benedict #14
Fallon NJ 89406

DETAILED ADDRESS AT WELL LOCATION 3477 Boyer Ln
Fallon NJ 89406
Subdivision Name: _____ County Churchill

2. PLS LOCATION S2 1/4 NW 1/4 B Sec 18 N/S 18 E
PERMIT/WAIVER NO. 006-243-21
Issued by Water Resources Current Parcel No

Latitude _____ UTM E 0339247 NAD 27
Longitude _____ UTM N 4366933 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # NON FOUND
 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	Thick-ness
Brown Sands			0	30	30
Black Sands & Clay	X		30	50	20
Brown Gravel	X		50	70	20
DRAIN CLAY			70	90	20
Black clay & Sands	X		90	135	45
Brown Sands & Clay	X		135	149	14

9. WELL CONSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
<u>149</u>		<u>149</u>	

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
<u>10 3/4</u>	<u>0</u>	<u>103</u>	
<u>6" B</u>	<u>103</u>	<u>149</u>	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>129</u>	<u>-188</u>	<u>12</u>	<u>149</u>

PERFORATIONS:
Type of perforation: Fracture cut
Size of perforation: 60 thru 80 x 2" cut
From 142 Feet To 147 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

<input type="checkbox"/> Sanitary Seal _____ to _____	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input checked="" type="checkbox"/> Neat Cement <u>0</u> to <u>103</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> Cement Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> Bentonite Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> 15 % <input type="checkbox"/> 20 % <input type="checkbox"/> Other, explain: _____	
<input type="checkbox"/> Gravel Pack [> 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Paired

Date started: 4-19-16, 20
Date completed: 4-20-16, 20

7. WATER QUALITIES
Static water level: 80 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: NOT TESTED

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 checked="" type="checkbox"/> Air Lift	<u>10</u>		<u>1</u>
		<u>NAD 27</u>	
		<u>39.438840</u>	
		<u>118.867928</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Waterco Corp Contractor
Address PO Box 888 Fallon NJ 89406 Contractor

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: _____
Date 4-20-16
By driller participating actual drilling on site or contractor

(Rev. 06-12)
(NSPO Rev 11-12)

USE ADDITIONAL SHEETS IF NECESSARY

Replacing unknown well log