

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



OFFICE USE ONLY
 Log No. 107074

Permit No. _____
 Basin 057

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340 NOTICE OF INTENT NO. 62320

1. OWNER **Farr Farms** ADDRESS AT WELL LOCATION **Antelope Valley**
 MAILING ADDRESS **HC 61 Box 165** **Battle Mtn, NV 89820**
Battle Mtn, NV 89820 *Subdivision Name:* _____ *County:* **Lander**

2. LOCATION **SE 1/4 SE 1/4 Sec 12 T24N R40E** Latitude **39.96115N** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **76542** Parcel No. **N/A** Longitude **117.41865W** N _____ NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay & Rock		0	12	12
Gravel		12	74	62
Clay		74	86	12
Gravel		86	120	34
Granite		120	186	66
Clay		186	212	26
Rock & Gravel	X	212	232	20
Clay		232	260	28
Clay		260	274	14
Gravel	X	274	315	41
Clay		315	332	17
Gravel	X	332	390	58
Clay		390	410	20
Gravel	X	410	418	8
Clay		418	600	182

N 39.9611533
W 117.41865 W NAD 83

9. WELL CONSTRUCTION

Depth Drilled **600** Feet Depth Cased **600** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
36 Inches **0** Feet **50** Feet
26 Inches **50** Feet **600** Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42.09	.250	0	600
30	39.05	.109	0	50

Perforations:
 Type of perforation **Mill Cut**
 Size of perforation **1/4 X 3 Double Row**

From **164** feet to **564** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout **0** to **50** Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No **0** to **600** Pumped Poured
 Type: **3/4 well gravel**
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **09/04**, 20 **08**
 Date completed: **09/08**, 20 **08**

7. Water Level

Static water level: **190** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **unknown**

8. WELL TEST DATA

Customer	TEST METHOD:			Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	_____	
did	own test			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Parsons Drilling, Inc.** (CONTRACTOR)
 Address **P.O. Box 1265** (CONTRACTOR)
Fallon, NV 89407-1265
 Nevada contractor's license number issued by the State Contractor's Board **29064**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2285**

Signed _____
 By driller performing actual drilling on site or contractor
 Date **09/10/2008**