

ORIGINAL

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

OFFICE USE ONLY
Log No. 117864
Permit No. 51587
Basin 108

PRINT OR TYPE 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. 67081 ✓

1. OWNER DESERT PEARL FARMS, LLC ADDRESS AT WELL LOCATION _____
MAILING ADDRESS PO Box 35
Yerington, NV 89447 Subdivision Name: _____ County: Lyon

2. LOCATION NE ¼ SE ¼ Sec 3 T 13N N/S R 25 E Latitude 39° 01.011 N UTM E NAD 27
PERMIT/WAIVER No. W-667 Longitude 119° 09.974 W N NAD 83/WGS 84
67202 Issued by Water Resources Parcel No. _____

3. WORKED 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	Thickness
SAND AND GRAVEL WITH CLAY LAYERS		0'	195'	195'
SAND AND GRAVEL		195'	285'	100'
GRAY CLAY		285'	305'	20'
SAND		305'	360'	55'
SAND AND GRAVEL		360'	520'	160'

2012 APR -9 AM 11:42

9. WELL CONSTRUCTION

Depth Drilled	520'	Feet	Depth Cased	0'	Feet
HOLE DIAMETER (BIT SIZE)					
7 7/8"	Inches	0'	Feet	520'	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

7. Water Level
Static water level: _____ feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Hydro Resources-West, Inc.
Contractor
Address 4975 W. Winnemucca Blvd.
Contractor
Winnemucca NV, 89445
Nevada contractor's license number _____
issued by the State Contractor's Board 56797
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller # 2437
Signed Michelle Strothen
By driller performing actual drilling on site or contractor
Date 4/5/2012

(Rev 06-00)

USE ADDITIONAL SHEETS IF NECESSARY

NAD27 39.016932°N, 119.165249°W