

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

OFFICE USE ONLY
Log No. 120216
Permit No. 29817
Basin No. 0517

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. 71301
WELL NAME (if applicable): 29817

1. OWNER/CLIENT NAME Farr Farms
MAILING ADDRESS HC 61 Box 165
Battle Mountain, NV 89820

DETAILED ADDRESS AT WELL LOCATION Antelope Valley
Battle Mountain, NV 89820
Subdivision Name: _____ County: Lander

2. PLS LOCATION SW ¼ NE ¼ 24 Sec 24N N/S 40 E
PERMIT/WAIVER NO. 29817
Issued by Water Resources Current Parcel No.

Latitude 39.93915 N UTM E NAD 27
Longitude 117.42492 W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# 79925
 Replacement: Original well log # _____
 Recondition: Original well log # _____

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

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Brown Clay Gravel			500	536
Gravel			536	595
Gravel Clay			595	629
Gravel			629	675
Gravel Clay			675	754
Red Rock			754	805

9. INSTRUCTION

Depth Drilled: 805 Feet Depth Cased: 805 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
12.25 Inches	500 Feet	805 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	22.38	.250	475	805

Deepen well log 79925 / 8/14/8
79925
39.939233 N
117.42399 W

ANNULAR MATERIALS

	Sanitary Seal	Yes	No		
<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:

Type of perforation: Mill Cut
Size of perforation: 0.25
From 470 Feet To 805 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 4-Mar, 20 14
Date completed: 19-Mar, 20 14

7. WATER QUALITIES
Static water level: 199 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool ° Fahrenheit
Water Quality: unknown

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Parsons Drilling, Co
Contractor
Address P.O. Box 1265 Fallon, NV 89406
Contractor

8. WELL TEST DATA

Test Method:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.		Draw Down (Feet Below Static)	Recorded Time (Hours)

Nevada contractor's license number as issued by the State Contractor's Board: 29064
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2307
Signed: Wayne Parsons
By driller performing actual drilling on site or contractor
Date: 22-Apr-14