

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

OFFICE USE ONLY
Log No. 121812
Permit No. 84230
Basin 203

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

1. OWNER Farmland Reserve ADDRESS AT WELL LOCATION 2 1/4 Miles South on NV Hwy 93 from intersection of Hwy 39 - SE 1/4 mile NOTICE OF INTENT NO. 33761
MAILING ADDRESS 79 S. Main St. Ste. 1000 Salt Lake City, UT 84111 Subdivision Name: _____ County: Lincoln
2. LOCATION SE 1/4 NW 1/4 Sec 19 T 02 N R 68 E Latitude N 37.75948 UTM E NAD 27
PERMIT/WAIVER No. 84230 012-210-11 Longitude W 114.42034 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	2	2
Clay		2	6	4
Silt		6	38	32
Clay		38	86	48
Sand, 1/4" Gravel		86	96	10
Brown Clay		96	105	11
Clay, Sand Gravel		105	140	35
Brown Clay		140	240	100
Blue Clay		240	320	80
Clay, 10% Sand		320	340	20
Brown Clay		340	460	120

DCNR/DWR/SNBO RECEIVED
JAN 08 2015

No water bearing strata so hole was filled with cement about from 460 up to the top. (tot 8 3/4 yards)

9. WELL CONSTRUCTION

Depth Drilled 460 Feet Depth Cased 0 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 460
Inches Feet Feet Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NO</u>	<u>Casing</u>			

Perforations:

Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 460 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: _____

Date started: Dec. 8 20 14
Date completed: Dec. 18 20 14

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

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Gardner Brothers Drilling Contractor
Address PO Box 965 Enterprise, UT 84325 Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board 0068459
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1710
Signed Dale Gardner
By driller performing actual drilling on-site or contractor
Date _____