

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

OFFICE USE ONLY
Log No. 122858
Permit No. _____
Basin No. 134

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. 73515
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Hendrix Ranch
MAILING ADDRESS 911 N Downs Ln
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION Smith Creek
Subdivision Name: _____ County: Lander

2. PLS LOCATION SW 1/4 SE 1/4 27 Sec 18 N/S 39 E
PERMIT/WAIVER NO. _____
Issued by Water Resources Current Parcel No.

Latitude 39.3911 UTM E NAD 27
Longitude -117.57554 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 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
Gravel			0	20
Brown Clay			20	81
Black Rock			81	139
Brown Clay			139	141
Red Rock			141	175
Black Rock			175	185
Brown Rock			185	283
Brown Rock/Clay			283	294
Brown Clay			294	300
Brown Rock			300	345
Clay			345	355
Black Rock			355	405

Plugged bore hole with 20%
Bentonite Grout from 20-405ft.
Neat Cement from 0-20ft.

Handwritten:
Nad 211
39.391160N
117.575601W

9. INSTRUCTION
Depth Drilled: 405 Feet Depth Cased: 0 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>6 1/4</u> Inches	<u>0</u> Feet <u>405</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

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

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: N/A

Size of perforation: _____

From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet

Date started: 15-May _____, 20 15
Date completed: 18-Jun _____, 20 15

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

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Parsons Drilling, Inc. Contractor
Address P.O. Box 1265 Fallon, NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 2905
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on file driller): 1753

Signed: Wynne K...
Date: 7/16/2015

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2015 AUG 10 PM 1:13
STATE ENGINEERS OFFICE