

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

OFFICE USE ONLY  
Log No. 124310  
Permit No. 82388  
Basin No. 101

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. 74285  
WELL NAME (if applicable): \_\_\_\_\_

1. OWNER/CLIENT NAME Cottonwood Dairy LLC  
MAILING ADDRESS 640 W. Corkill Ln  
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 4800 Allen Rd  
Fallon, NV 89406  
Subdivision Name: \_\_\_\_\_ County: Churchill

2. PLS LOCATION SW ¼ SE ¼ 14 Sec 18 N/S 28 E  
PERMIT/WAIVER NO. 82388 006-411-44  
*Issued by Water Resources Current Parcel No.*

Latitude 39.41901 UTM E  NAD 27  
Longitude -118.80708 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
Brown Sand			0	17
Clay/Sand			17	35
Green Sand			35	36
Black Sand			36	45
Black Clay			45	67
Black Sand			67	95
Green Sand			95	110
Brown Sand		X	110	118

NAD 27  
39.419092°N  
118.806095°W

9. INSTRUCTION  
Depth Drilled: 118 Feet Depth Cased: 118 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	<u>0</u>	<u>118</u>
Feet		
Inches		
Feet		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10.750</u>	<u>28.04</u>	<u>.250</u>	<u>0</u>	<u>118</u>

ANNULAR MATERIALS  
Sanitary Seal  Yes  No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u>	to	<u>105</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [ > 0.2 in. ]	<u>105</u>	to	<u>118</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [ < 0.2 in. ]		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

PERFORATIONS:  
Type of perforation: Mill Cut  
Size of perforation: 1/8

From <u>115</u>	Feet	To <u>118</u>	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

Date started: 4-Jan 20 16  
Date completed: 6-Jan 20 16

7. WATER QUALITIES  
Static water level: 26 Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: Cool ° Fahrenheit  
Water Quality: \_\_\_\_\_

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>80</u>		<u>1</u>

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: 29064  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2509  
Signed: [Signature]  
By driller performing actual drilling on site or contractor  
Date: 1/12/2016

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY