

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

OFFICE USE ONLY
Log No. 124427
Permit No. _____
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. 72893
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Sage Hill Dairy Partnership
MAILING ADDRESS P.O. Box 5669
Fallon, NV 89407

DETAILED ADDRESS AT WELL LOCATION 3695 Keyes Way
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW 1/4 SE 1/4 8 Sec 18 N/S 28 E
PERMIT/WAIVER NO. _____
006-292-98
Issued by Water Resources _____ Current Parcel No. _____

Latitude 39.43475 UTM E NAD 27
Longitude -118.86507 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # unknown
 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	12
Brown Clay			12	18
Sandy Brown Gravel			18	27
Course Gray Sand			27	53
Course Pea Gravel			53	59
Gray Sand			59	112
Course Sand/Clay			112	153
Brown Pea Gravel		X	153	157

9. INSTRUCTION
Depth Drilled: 157 Feet Depth Cased: 157 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>14</u> Inches	<u>0</u> Feet <u>157</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.96</u>	<u>.188</u>	<u>+2</u>	<u>18</u>
<u>8</u>	<u>6.69</u>	<u>.411</u>	<u>18</u>	<u>157</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement 0 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 105 to 157 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: Saw Cut
Size of perforation: 1/8

From	Feet	To	Feet
<u>154</u>		<u>157</u>	
_____		_____	
_____		_____	
_____		_____	

Date started: 20-Apr 20 15
Date completed: 22-Apr 20 15

7. WATER QUALITIES
Static water level: 21 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

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): 2307
Signed: William Parsons
By driller performing actual drilling on site or contractor
Date: 4/29/2015

8. WELL TEST DATA

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

Replaced unknown well log
emailed to Amanda 4/11/15
4/12/15

RECEIVED
PERMIT AM1108
ENGINEERS OFFICE

NAD 27
39.434833
118.864082